



January 17, 2025

Dear Interested Student Volunteer:

Thank you for your interest in volunteering at Piedmont Athens Regional Medical Center. I realize summers are busy times for teens and I think it is wonderful that you are considering sharing a part of yours with us! Please remember you must be **16 years old by June 2nd** and hold a grade point average of 3.0 or higher in order to be considered for this year's program.

In order to participate in the teen volunteer program, you **must** be able to:

- 1) Attend a mandatory orientation session (3 options for attends will be available).
- 2) Volunteer one 4-hour shift per week (the same day and time each week) for at least 6 of the 8 weeks of the program. The program begins June 2nd and ends July 25th.
- 3) Purchase a uniform (approximately \$25).
- 4) Complete two TB test, provide proof of Measles, Mumps, Rubella, and Varicella.

Enclosed are a teacher reference form, guidance counselor reference form, an application form, and a student contract to be completed and returned to me by March 24th. Electronic/emailed applications and reference letters are strongly preferred over mail.

Please write your name on the reference forms and have the references completed by **two different teachers from your core classes and your guidance counselor**. You will need to complete the application form, a 100-400 word essay as to why you want to volunteer, and the student contract (a parent/guardian will also sign the application). If the necessary paperwork is not complete, you will not be considered for the program. It is your responsibility to ensure that reference letters are completed on time. After you have submitted the complete application, you may be contacted for an interview.

You will be notified if you are or are not accepted into the program by April 15th. If you are accepted, you will be contacted about scheduling and placement options.

This application is also available online at <https://forms.office.com/r/CE04EVeqMK>.

Thank you so much for your interest and I look forward to hearing from you soon!

Sincerely,

A handwritten signature in blue ink that reads "Katie Sadler-Stephenson". The signature is fluid and cursive, with a long horizontal line extending to the right.

Katie Sadler-Stephenson
Supervisor Volunteer Services
Piedmont Athens Regional Medical Center
1199 Prince Avenue
Athens, GA 30606

**2025 TEEN VOLUNTEER APPLICATION
PIEDMONT ATHENS REGIONAL MEDICAL CENTER**

Name: _____ Date: _____

Address: _____

Telephone: _____ Email: _____

Age*: _____ Date of Birth: _____ Male () Female () Other ()

**Applicant must be 16 years old before June 2, 2025*

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Number: _____

Parent/Guardian Name: _____

Parent/Guardian Daytime Phone Number: _____

Parent/Guardian Employer: _____

Parent/Guardian Name: _____

Parent/Guardian Daytime Phone Number: _____

Parent/Guardian Employer: _____

School: _____ City: _____

Overall Grade Point Average: _____ Grade: _____

Is there any medical reason that you feel would interfere with your performance of your volunteer duties? Yes No
If yes, what accommodations do you feel would allow you to perform these duties? _____

Hobbies, Special Interests, Talents & Skills: _____

Community/School Activities (church, clubs, organizations): _____

Volunteer Experience: _____

Work Experience: _____

Are you interested in a healthcare career? Yes () No () Unsure ()

If so, what area? _____

If not, what is your ambition? _____

Teen volunteers must be able to volunteer one four-hour shift per week and be able to volunteer at least six of the eight weeks of the program.

Day Availability (circle all that apply)

Monday

Tuesday

Wednesday

Thursday

Friday

Shift Availability (check all that apply)

Mornings: _____ 8am-12pm _____ 8:30am-12:30pm _____ 9am-1pm
Afternoons: _____ 12:30pm-4:30pm _____ 1pm-5pm

NOTE: Volunteers will only be *scheduled* for one shift each week (the same day and time each week); however, the more available you are (the more days and times you check above) the better your chances become of being placed in an area of interest to you. You will have an opportunity to rank the various volunteer service areas at orientation. For instance, if you indicate that you can only volunteer on Monday afternoons, you will be assigned to an area that needs help on Monday afternoon regardless of how you rank that area in terms of your interest.

On a separate page, type a 100-400 word essay describing why you want to volunteer / how you can be helpful to the program. Your application is not complete without the essay.

TO BE SIGNED BY TEEN:

Since the hospital will depend upon me for the time I agree to work, when it is necessary for me to be out, I will notify my supervisor and the Volunteer Office of my absence. I understand that I am expected to miss no more than two weeks (two shifts) during the program which begins June 2nd and ends July 25th.

Signature

Date

THIS PORTION TO BE COMPLETED BY PARENT/GUARDIAN:

My child _____ has my consent to volunteer at Piedmont Athens Regional Medical Center and to attend the necessary orientation program for his/her work in this program. I give permission for him/her to render the number of hours of service required, missing no more than 2 shifts (two weeks) of service due to vacation or camp, and to attend meetings and participate in other activities of the program.

I understand that all medical or health care (emergency or otherwise) that a volunteer receives at Piedmont Athens Regional will be at the expense of the individual involved.

Signature

Date

Teen Name: _____

Dear **TEACHER**:

_____ has applied for acceptance in the Teen Volunteer Program at Piedmont Athens Regional Medical Center for the summer of 2025. Teens accepted into the program volunteer once per week over an 8-week period. Teens are required to obtain references from 2 teachers and 1 guidance counselor. *This form my be completed online by contacting Katie Sadler-Stephenson at katie.sadler-stephenson@piedmont.org for the link.*

Thank you for taking time to complete this reference.

- 1) Please indicate your evaluation of the applicant with a check mark in the appropriate fields below.

	OUTSTANDING	AVERAGE	UNSATISFACTORY	NOT OBSERVED
TRUSTWORTHINESS				
INITIATIVE				
LEADERSHIP				
MATURITY				
TEAM SKILLS				
DEPENDABILITY				
INTERPERSONAL SKILLS				

- 2) Summary Evaluation

- Recommend without reservation
- Recommend with reservation (please provide reservations below)
- Do not recommend

- 3) Please provide any helpful information or comments regarding special awards, recognition for extra-curricular activities, reservations etc. (include additional pages if necessary):

Your name: _____

School: _____

Class/Subject: _____

Sign: _____ Date: _____

Forms may be returned to the student for submission (provided they are sealed and your signature is across the seal) or sent directly to the Volunteer Services office at the email or fax below.

References must be submitted by March 24, 2025.

Piedmont Athens Regional Volunteer Services
Attn: Katie Sadler-Stephenson
Email: katie.sadler-stephenson@piedmont.org
Fax: 706-475-5779
Phone: 706-475-9056

Teen Name: _____

Dear **TEACHER**:

_____ has applied for acceptance in the Teen Volunteer Program at Piedmont Athens Regional Medical Center for the summer of 2025. Teens accepted into the program volunteer once per week over an 8-week period. Teens are required to obtain references from 2 teachers and 1 guidance counselor. *This form my be completed online by contacting Katie Sadler-Stephenson at katie.sadler-stephenson@piedmont.org for the link.*

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Phone: 706-475-9056

Teen Name: _____

Dear **GUIDANCE COUNSELOR**:

_____ has applied for acceptance in the Teen Volunteer Program at Piedmont Athens Regional Medical Center for the summer of 2025. Teens accepted into the program volunteer once per week over an 8-week period. Teens are required to obtain references from 2 teachers and 1 guidance counselor. *This form my be completed online by contacting Katie Sadler-Stephenson at katie.sadler-stephenson@piedmont.org for the link.*

Thank you for taking time to complete this reference.

- 1) Student's cumulative GPA:
- 2) Please indicate your evaluation of the applicant with a check mark in the appropriate fields below.

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LEADERSHIP				
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- 3) Summary Evaluation
 - Recommend without reservation
 - Recommend with reservation (please provide reservations below)
 - Do not recommend
- 4) Please provide any helpful information or comments regarding special awards, recognition for extra-curricular activities, reservations etc. (include additional pages if necessary):

Your name: _____

School: _____

Sign: _____ Date: _____

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