



Dear Teen Applicant,

Thank you for your interest in volunteering at Sumner Regional Medical Center. We offer a service learning opportunity for teens to learn from their experience while volunteering in one of three selected career training paths. The three paths from which you may choose are:

- 1) Clinical
- 2) Retail/Customer service
- 3) Clerical

While assisting patients, families and staff, Junior Volunteers also learn about Sumner Regional's Hospital and the hospital environment.

For our Summer 2009 Junior Volunteer Program we will select eighteen teens to participate in one of two three week sessions. The first session is June 8th to June 30th and the second session is from July 1st to July 23rd. This experience requires a commitment to participate 9am-3pm two days a week for the three week session. We anticipate a positive response to the opportunity. Acceptance to the Junior Volunteers program will be based upon evaluation of each complete element of the application. Please carefully consider each step of the application process to ensure that your complete application is received.

Please return your Volunteer Packet (Application, Essay, "All About Me" form, Teen Reference Forms and copy of current immunizations) to our office no later than 4:00pm on Wednesday, April 15, 2009 for consideration in this program.

Teens accepted into the program will be notified by mail by May 29, 2009. Those declined will be notified by June 1, 2009.

If you have any questions please feel free to call me at 615-328-5028 or email me at peggy.jones@sumner.org. Thank you again for your interest in the Junior Volunteers program at Sumner Regional Medical Center.

Sincerely,

Peggy L. Jones, Coordinator
Volunteer Services Department
Sumner Regional Health Systems



SUMNER
Regional Medical Center

SUMNER REGIONAL HEALTH SYSTEMS, INC.

VOLUNTEER SERVICES DEPARTMENT

Please check which session you wish to attend:

In which area of service would you prefer to volunteer:

- First Session, June 8 – June 30
 - Monday & Wednesday
 - Tuesday & Thursday
- Second Session, July 1 – July 23
 - Monday & Wednesday
 - Tuesday & Thursday

- Clinical
- Retail/Customer Service
- Clerical
- No Preference

APPLICATION FOR JUNIOR VOLUNTEER PROGRAM

NAME _____

ADDRESS _____

CITY, STATE _____ ZIP _____

PHONE: Home _____ Cell _____ DATE OF BIRTH _____

EMAIL _____

SCHOOL ATTENDING _____ GRADE POINT AVERAGE _____

PRESENT GRADE IN SCHOOL Freshman Sophomore Junior Senior

EMERGENCY CONTACT NAME _____

RELATIONSHIP _____ DAY PHONE _____

EMAIL _____

WORK HISTORY (COMPANY NAME, SUPERVISOR'S NAME & PHONE NUMBER)

1. _____

2. _____

3. _____

VOLUNTEER EXPERIENCE (COMPANY NAME, SUPERVISOR'S NAME & PHONE NUMBER)

1. _____

2. _____

3. _____



This volunteer experience requires a commitment to participate 9am-3:00pm Monday and Wednesday or Tuesday and Thursday for one three week session.

- First Session, June 8 – June 30
 - Monday & Wednesday
 - Tuesday & Thursday

- Second Session, July 1 – July 23
 - Monday & Wednesday
 - Tuesday & Thursday

I AGREE TO ABIDE BY THE DIRECTIONS OF MY VOLUNTEER ASSIGNMENT AND TO FOLLOW THE RULES AND GUIDELINES OF THE VOLUNTEER SERVICES DEPARTMENT.

Junior Volunteer Date

Parent Permission Statement

I give permission for my child _____ on this date _____ to participate in the Junior Volunteer program at Sumner Regional Medical Center this summer. I also understand that they are not allowed to leave campus during the hours of 9am-3:00pm.

Parent or Guardian

- I am a staff or faculty member at Sumner Regional Health Systems



SUMNER
Regional Medical Center
SUMNER REGIONAL HEALTH SYSTEMS, INC.
Teen Reference Form

_____ is applying to become a Junior Volunteer at Sumner Regional Medical Center. Please complete the following information about the student, which will help us in our evaluation for the appropriate placement assisting our patients, families and staff.

Our Junior Volunteers must possess a genuine concern for people, be self-motivated and have a high maturity level as they may be exposed to stressful situations while at the hospital. Your help in assessing these and other characteristics are vital to our placement process.

NOTE: We ask that this reference form be completed by a school counselor, teacher, principal or someone other than a family member or personal friend who has observed you in a school, work, volunteer or extracurricular activity.

For consideration in this program all application documents must be received by the deadline of 4pm in the Volunteer Services Office on Wednesday, April 15, 2009.

ALL INFORMATION, WHICH YOU PROVIDE US, WILL BE REGARDED AS **CONFIDENTIAL**.

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Please describe the character, personality and reliability of the applicant. _____

Would you recommend this applicant for placement in a hospital setting and why? _____

Please share any other information that you feel would be of help to us in considering this applicant.

Thank you for taking the time to help us. Your input is greatly appreciated.

Date Signature Print Name Phone

Please mail complete form to:

Sumner Regional Medical Center
Volunteer Services
PO Box 1558
Gallatin, TN 37066



Junior Volunteer Essay

Please write an essay describing how volunteering at Sumner Regional Medical Center would impact your life and why you should be selected as a Junior Volunteer this summer. Applicants will be judged on originality, punctuation and grammar. Successful essays will incorporate the hospital Focus Values as well as a desire to meet new people, give back to the community and help the patients, siblings and families.



All About Me

WHAT IS YOUR FAVORITE THING TO DO? _____

TELL US ABOUT A DIFFICULT TIME IN YOUR LIFE FROM WHICH YOU'VE LEARNED A VALUABLE LESSON. _____

TELL US ABOUT A TIME IN WHICH YOU WERE A LEADER. _____

HOW WOULD YOUR CLASSMATES DESCRIBE YOU? _____

LIST THREE ACTIVITIES/HOBBIES/SKILLS OUTSIDE OF SCHOOL YOU HAVE DONE THAT ARE MOST IMPORTANT TO YOU. _____

WHAT PLANS DO YOU HAVE FOR THE FUTURE AFTER GRADUATING FROM HIGH SCHOOL? _____

IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOU OR YOUR DREAMS/GOALS FOR LIFE? _____

Other Important Information

Dress Code

Business casual attire is most appropriate. It is important to dress comfortably as you will be active. A polo style Volunteer shirt will be provided free of charge.

- Khaki slacks , trousers or skirts should be well kept without holes or frays and fit correctly
- Skirts and dresses are to be knee length
- Shoes must have closed toes. White sneakers are recommended.
- Jeans or denim is **not** permitted.
- Shorts are **not** permitted
- Sandals and flip flops are **not** permitted
- Visible body piercing, with the exception of ears, is **not** permitted
- Volunteer shirt and Photo ID badge worn at all times. Photo ID badge should be worn above the waist at eye level

Volunteer Packets

A Volunteer packet consists of:

- Application
- Essay
- "All About Me" form
- 2 Teen Reference forms
- Parental consent for TB screening (if under 18)
- Parental consent for medical treatment

Packets are due in the Volunteer office by 4pm on Wednesday, April 15, 2009.