



NORTHSIDE HOSPITAL FORSYTH
VOLUNTEEN PROGRAM

January 2012

Dear Applicant,

Northside Hospital-Forsyth will be offering a Volunteen Program this summer for teen volunteers between the ages of 15 (must be 15 by January 1, 2012) and 18. This will be an exciting eight week program beginning June 3, 2012 and ending on July 28, 2012. The number of teens we can accommodate is limited.

The mandatory orientation is Wednesday, May 30, 2012. If you will be unable to attend the entire orientation on May 30th and commit to seven weeks of the eight week program, please do not apply for this summer program.

The application packet includes:

- The application – page 1
- Medical history – page 2
- Immunization Information Form – page 3
- Agreement form – page 4
- Absence schedule form – page 5
- Forms for two letters of recommendations pages 6 and 7 (Required from teachers counselor, clergy or employer, **NOT RELATIVES.**)

The completed packet must be returned in a sealed envelope to Dianne Baker by March 2, 2012. Only completed packets will be considered, and only then will you be contacted to begin the required two-step TB screening process. You must wait to hear from us before you proceed with the TB Screening. Employee Health will not administer the screenings until your name has been submitted by me to their department.

Our objectives of our Volunteen program are to conduct an excellent educational program, to develop an interest in volunteer services for our participants and to provide an opportunity for students to experience the total healthcare environment. The teens that are accepted for membership in the Volunteen Program will be trained and supervised by either a Northside Hospital-Forsyth Auxiliary member or a hospital staff member.

Please mail your completed application packet by March 2, 2012 to:

**Dianne Baker, Volunteen Coordinator
Northside Hospital-Forsyth
1200 Northside Hospital Drive
Cumming, GA 30041**

Sincerely,

Dianne Baker
Volunteen Coordinator
770-844-3390
Dianne.baker@northside.net



NORTHSIDE HOSPITAL FORSYTH
VOLUNTEEN PROGRAM
2012 CHECKLIST FOR APPLICATION

Following instructions closely is an important step to becoming a Volunteer and will show us that you are responsible. This checklist is to ensure that you are clear as to the requirements for applying to the Volunteer Program.

1. _____ Read through the application packet with your parents. Discuss summer plans and whether or not you are planning to take more than one week of vacation. If you are, consider volunteering another summer.
2. _____ Fill out the application neatly and completely.
3. _____ Ask the people who are filling out your recommendation forms to place the form in a sealed envelope and have them sign across the seal of the envelope. Unsealed envelopes will not be accepted and your application will be considered incomplete. Include the sealed envelopes with your application packet when you submit your application. **Note: please have teachers return the forms directly to YOU for submission with you packet.**
4. _____ Please place all forms in an envelope to ensure that all materials stay together. Your packet is complete with the following materials:
 - a. Application form
 - b. Medical history
 - c. Immunization records
 - d. Agreement form
 - e. Absence request form
 - f. Two letters of Recommendation
5. _____ **Mail your completed packet to:**
Dianne Baker, Volunteer Coordinator
Northside Hospital – Forsyth
1200 Northside Hospital Drive
Cumming, GA 30041
6. _____ **DEADLINE DATE: MARCH 2, 2012**
THERE WILL BE NO EXCEPTIONS TO THIS DEADLINE DATE.



NORTHSIDE HOSPITAL FORSYTH

AUXILIARY VOLUNTEEN SUMMER PROGRAM APPLICATION

June 3rd – July 28th

PRINT PLAINLY - COMPLETE ENTIRE APPLICATION
PLEASE USE UPPER CASE LETTER TO COMPLETE THE APPLICATION

A VOLUNTEEN is a teenager 15-18 years of age (**must be 15 by January 1 of current year**) who serves Northside Hospital-Forsyth without salary. The teen works within the hospital under the supervision of specified personnel and is accountable to the Northside Hospital Forsyth Director of Volunteer Services and Volunteer Chairman of the Auxiliary. **Attendance in the entire mandatory orientation (May 30, 2012) is required prior to volunteering in the hospital. Completed applications must be received no later than March 2, 2012.**

DATE _____

NAME _____
(Last) (First) (Middle Initial)

Preferred Name: _____ Age: _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Email address _____ Cell _____

Birthdate _____ School _____ Current Grade _____

Parent/Guardian _____ Work Phone _____

In case of emergency, notify _____
(Name) (Daytime Phone)

Relationship _____

PLEASE LIST YOUR FAMILY PHYSICIAN AND HIS/HER MAILING ADDRESS

Physician's name _____ Phone _____

Address _____



**NORTHSIDE HOSPITAL
FORSYTH
VOLUNTEEN MEDICAL HISTORY**

Name _____ Sex _____
 (Last, First, Middle Initial)

Home Address _____

Phone _____ Birth date: _____ Age: _____

School _____ Indicate: Freshman, Sophomore, Junior, Senior

In Case of Emergency, please notify:

Phone _____ Relationship _____

The Administration at Northside Hospital-Forsyth needs written consent for Volunteers to receive emergency treatment in the event of a serious illness or accident and you cannot be contacted.

PARENT/LEGAL GUARDIAN'S APPROVAL _____

RELATIONSHIP _____ DATE _____

MEDICAL HISTORY

- List all drugs and medications the applicant is presently taking.

Drug	Dosage
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_____	_____
_____	_____

- List any allergies: _____

- List any serious injuries, illnesses, surgeries or disabilities _____

PARENT/LEGAL GUARDIAN'S APPROVAL _____

DATE: _____



**NORTHSIDE HOSPITAL FORSYTH
AUXILIARY**

VOLUNTEEN PROGRAM

IMMUNIZATION RECORDS

Applicant's name: _____
Applicant's birth date: _____

**WE MUST HAVE THIS DOCUMENTATION TO PROCESS
YOUR APPLICATION**

As part of the application process in our Volunteen Program, proof of the teen applicant having two (2) doses of measles, mumps, and rubella (MMR) vaccines since his or her first birthday is required. These records can be obtained from the pediatrician or school immunization records.

A copy of your immunization record must be attached to this form.

