



## NORTHSIDE HOSPITAL FORSYTH VOLUNTEEN PROGRAM

January 2012

Dear Volunteer,

Northside Hospital-Forsyth will be offering a Volunteer Program this summer for teens between the ages of 15 (must be 15 by January 1, 2012) and 18. The eight week program will begin on June 3, 2012 and will end on July 28, 2012. Since you participated last summer in our Volunteer Program, you are invited to participate in our 2012 Summer Volunteer Program.

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

Because you are a Returning Volunteer, you are only required to have **one** TB Screening this summer. **Once we receive your application, we will contact you with information about obtaining your one TB Screening. Do not proceed with this procedure until you have been notified by the Volunteer Office. You will have until March 30, 2012 to complete the one screening.**

**Enclosed you will find:**

- **The application – page 1**
- **Medical history – page 2**
- **Agreement form – page 3**
- **Absence schedule form – page 4**
- **Schedule request form and department descriptions – pages 5 and 6**
- **Permission form – page 7**

**This packet must be completed and returned in a sealed envelope to Dianne Baker by March 2, 2012. Only completed application packets will be considered for placement in the program.**

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

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

Sincerely,

Dianne Baker, Volunteer Coordinator  
E-mail: [Dianne.Baker@northside.com](mailto:Dianne.Baker@northside.com)  
770-844-3390



## NORTHSIDE HOSPITAL FORSYTH VOLUNTEEN PROGRAM

### 2012 CHECKLIST FOR RETURNING TEENS APPLICATION

Following instructions closely is an important step to becoming a Volunteen 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 Volunteen 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. \_\_\_\_\_ 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. Agreement form
  - d. Absence request form
  - e. Schedule request form
  - f. Permission form
4. \_\_\_\_\_ **Mail your completed packet by March 2, 2012 to:**  
**Dianne Baker, Volunteen Coordinator**  
**Northside Hospital – Forsyth**  
**1200 Northside Hospital Drive**  
**Cumming, GA 30041**
5. \_\_\_\_\_ **DEADLINE DATE: TUESDAY, 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 Volunteen 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  
AGREEMENT FORM**

**PARENT/GUARDIAN AGREEMENT**

The Volunteen program at Northside Hospital-Forsyth is a group of young people giving their time and talents to community service in a hospital setting. There are many responsibilities expected of teenagers serving others in a healthcare environment. This program will provide many learning experiences and hours of enjoyment. Both parent and teen should understand the seriousness in adhering to the roles and regulation set forth.

I hereby permit my son/daughter \_\_\_\_\_  
to submit this application to join the Volunteen Program of Northside Hospital-Forsyth. If accepted into the program, I realize the responsibilities and will cooperate with my son/daughter to comply with the rules and regulations. I will assume the responsibility for his/her transportation.

Signature of Parent/Guardian \_\_\_\_\_  
Date: \_\_\_\_\_

**VOLUNTEEN'S AGREEMENT**

I hereby elect and agree to be covered by Northside Hospital-Forsyth Worker's Compensation Program for any accident or injury sustained during the course of my volunteer service to Northside Hospital-Forsyth. I acknowledge that I am not considered an employee for any other purposes and am not entitled to any of the other benefits available to employees.

If accepted into the Volunteen Program, I agree to abide by the requirements and regulations and serve the required number of hours. I promise to consider as confidential all information which I may hear either directly or indirectly concerning a patient or a member of the hospital staff.

Applicant's Signature \_\_\_\_\_  
Date: \_\_\_\_\_

