

*If I am accepted as a VolunTEEN, I agree to report for duty when assigned. I will be prompt and dependable in the execution of my duties. I will hold as confidential all information which I may obtain directly or indirectly concerning patients, doctors or personnel and I will not seek out confidential information. My services are donated to Saint Francis Hospital without contemplation of compensation and are given for humanitarian or charitable reasons.*

Applicants signature \_\_\_\_\_

**Parental Consent**

My teenager, \_\_\_\_\_ has my consent to serve as a VolunTEEN at Saint Francis Hospital. I affirm that the application information is accurate.

Parent's signature \_\_\_\_\_

Completed applications should be sent no later than May 1st to:

**Saint Francis Hospital  
Department of Volunteer Services  
333 Laidley Street  
Charleston, WV 25301**

**304-347-6655**

*Experience the  
Healthcare Field..*

*Be a VolunTEEN  
at*

**SAINT FRANCIS HOSPITAL**  
An affiliate of Thomas Health System, Inc.



## Eligibility

Students who are at least 14 years old are eligible for enrollment. Students are eligible through the summer of their graduation from high school.

## Procedure

After receiving a completed application form with signed parental consent, students will be interviewed. Interviews will determine student areas of interest, day/hours available, etc. Assignments will be based on the needs of the Hospital and on the availability of the student. A minimum of four hours per week is required. The summer program runs for 9 weeks and students must commit to work at least six of those nine weeks.

**A maximum of 50 students are accepted into the program, therefore, students are encouraged to submit their applications as soon as possible.**

## Orientation

All VolunTEENS must attend and complete the orientation program planned for them before being allowed to begin service.

**Please complete and return to the Department of Volunteer Services.**  
*Applications accepted annually between March 1st and May 1st.*

## VolunTEEN Application

\_\_\_\_\_ Date

Name \_\_\_\_\_

Address \_\_\_\_\_

street

city

zip code

Telephone \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_ Grade \_\_\_\_\_

Name of parent/  
guardian \_\_\_\_\_

In emergency notify \_\_\_\_\_ Telephone \_\_\_\_\_  
name/relationship

Name of school \_\_\_\_\_ School Counselor \_\_\_\_\_

Address \_\_\_\_\_

Why do you want to be a VolunTEEN?

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