

# VolunTEEN Application

\_\_\_\_\_ Date

Name \_\_\_\_\_

Address \_\_\_\_\_

Street

city

zip code

Phone: \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_ Grade \_\_\_\_\_

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

In emergency notify \_\_\_\_\_ phone \_\_\_\_\_

Relationship

Name of School: \_\_\_\_\_

Select Hospital: \_\_\_\_\_ **Saint Francis** \_\_\_\_\_ **Thomas Memorial**

***My teenager, \_\_\_\_\_ has my consent to serve as a VolunTEEN for the Thomas Health System. I affirm that the application information is accurate.***

Parent's Signature \_\_\_\_\_



**Eligibility:** Students ages 14-18 are eligible for serving as a VolunTEEN.

Assignments are based on the needs of the Hospital and on the availability of the student.

A minimum of six hours per week is the required commitment.

This is a seven week program and **you must commit to working at least five (5) of the seven (7) weeks to be accepted.**

A limited number of students are accepted into the program, therefore, students are encouraged to submit their applications as soon as possible. No applications will be accepted after April 15th.

All students must attend an orientation and submit to a tuberculous test before they can begin service.

Completed Applications can be mailed to:

**Saint Francis Hospital**  
**Department of Volunteer Services**  
**333 Laidley Street**  
**Charleston, WV 25301**  
**304-347-6655**

**Thomas Memorial Hospital**  
**Department of Volunteer Services**  
**4605 MacCorkle Ave. S.W.**  
**South Charleston, WV 25309**  
**304-766-3788**

