



Stephens County Hospital

Volunteer Services

163 Hospital Drive
Toccoa, GA 30577
706-282-4254

Teen Volunteer Program

Thank you for your interest in the Teen Volunteer Services Program at Stephens County Hospital. We have a wonderful team of adult Volunteers who provide a great service to our hospital. Being involved in our Volunteer Services Program can prove to be a very enriching and rewarding experience that teaches the importance of giving back to the community.

In order to be considered for the Teen Volunteer program you must:

- Complete the enclosed application.
- Return a signed parental consent form.
 - If you are over the age of 18 but are still in school and reside with your parents/ parent, the parental consent form must be signed.
- Write a 100 word or more essay stating why you wish to be a Teen Volunteer.
- Have two letters of recommendation.
 - A letter of recommendation from two adults that knows you well. These letters should be mailed directly to the hospital:
 - Stephens County Hospital
163 Hospital Drive
Toccoa, GA 30577
ATTN: Volunteer Services
- Commit.
 - If you choose to Volunteer only during the summer months (June, July & August) you must commit to working a minimum of one 3-4 hour shift per week, typically Monday – Friday, between 9:00 a.m. and 5:00 p.m. This also

requires a commitment to no more than 2 weeks absences to truly benefit from participating.

- If you choose to Volunteer only during the school year you must commit to working a minimum of one 1 hour shift per week, typically Monday – Friday, between 9:00 a.m. and 5:00 p.m. (A minimum of 4 hours per month).
- You also have the choice of a full commitment to Volunteering. If this is your decision, the commitment rules and times previously stated would apply.
- If you are selected for consideration, a personal interview will be conducted before the final determination is made.

Once we have processed your application, we will contact you if you have been selected for an interview.

Enclosed you will find an application, a parental consent form, two recommendation forms and a copy of the dress code (for your records). Each form needs to be completed by the appropriate person and returned to:

**Stephens County Hospital
163 Hospital Drive
Toccoa, GA 30577
ATTN: Volunteer Services**

Again, thank you for your interest in the Teen Volunteer program and we are looking forward to helping you pursue your interest in volunteering at Stephens County Hospital.

Sincerely,

**Pamela Jones
Foundation Director**

**STEPHENS COUNTY HOSPITAL
TOCCOA, GEORGIA**

TEEN VOLUNTEER DRESS CODE

Stephens County Hospital provides the means whereby teenagers desiring to participate in the Volunteer Services program are allowed and encouraged to do so. The image of the Volunteer Services department is very important to Stephens County Hospital as well as the community. It is our goal to project a professional image at all times as well as adhere to the Stephens County Hospital dress code. The image of the Teen Volunteers is important as well; therefore, the following guidelines have been established to ensure proper dress and a professional image.

1. Teen Volunteers will be given a hospital badge identifying them as part of the Volunteer Services department. This badge should be worn while on duty.
2. Teen Volunteers are required to dress appropriately including comfortable, closed-toe and closed-heel shoes. No denim/jeans, shorts, t-shirts with advertisements or flip flops are allowed. Clothing that is free from holes or tears, clean and modest must be worn. Appropriate dress would include khaki slacks; khaki skirts, dress slacks, dress capris or scrub pants may be worn. Skirt hemlines should be no more than two inches above the knee and pants should not be so long that they drag the floor. Pants should also be worn at the waistline and a belt should be worn if required. The blue Volunteer jacket is also part of the uniform and should be worn at all times. (Each Volunteer is responsible for the cost of the jacket).
3. Teen Volunteers should wear appropriate undergarments as well as hose or socks while on duty.
4. An appropriate amount of jewelry may be worn.
5. No visible facial or body piercings/jewelry (this includes clear spacers). Ear jewelry is limited to two items per ear and must not be excessive and gaudy. Ear gauges are not allowed.
6. Excessive tattoos (greater than one inch in diameter) and those that are sexual, graphic and/or vulgar in nature should not be visible. Tattoos on the face and front of neck are not allowed.
7. Extreme hairstyles are not permitted.
 - a. Teen Volunteers must take care to keep their hair clean and neatly arranged.
 - b. Wet hair is not professional and is not acceptable.
 - c. No odd hair colors (i.e. purple, green, etc.) or flamboyant hair styles (i.e. spiked, Mohawk, etc.) are allowed.

- 8. Teen Volunteers must practice good personal hygiene. This not only includes daily bathing, the careful use of a deodorant, the regular brushing of teeth and the use of mouthwash as necessary.**
- 9. Any non-compliance with the above standards of professionalism for our facility will result in cancellation of privileges and dismissal of a Teen Volunteer.**

**Teen Volunteer Application
Stephens County Hospital**

Volunteer Services

163 Hospital Drive

Toccoa, GA 30577

706-282-4254

Name _____ Date _____

Home Address _____

State _____ Zip Code _____ Email Address _____

Home Phone # _____ Cell Phone # _____

Birth Date _____ (All Teen Volunteers must be at least 14 years old.)

Father's Name _____ Business Phone # _____

Mother's Name _____ Business Phone # _____

School Currently Attending _____ Grade Level _____

I wish to Volunteer: Summer Only (June, July, August) _____

During School Months Only (September – May) _____

All Year (12 Months) _____

List any special activities at school, church or elsewhere.

What previous volunteer experiences have you had?

Describe your hobbies, skills and special interest.

Being part of the Teen Volunteer program at Stephens County Hospital means coming to volunteer at least once a week, with the exception of extenuating circumstances. Can you make this commitment? Yes _____ No _____



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Teen Volunteer Program Recommendation Form

To the evaluator: Participation in the Teen Volunteer program requires a high level of integrity and commitment. Teens must be responsible, mature and able to work independently; therefore, we appreciate and need honest evaluations and assessments of the applicant. Teens are accepted based on their application, recommendation and space available in the program

Applicant's Name _____

Evaluator's Name _____

Phone # _____ Cell Phone # _____

Email address _____

Please give accurate assessments based upon your encounter and relationship with the applicant.

	Excellent	Good	Fair	Poor
Conduct: Extent to which the applicant observes good standards of conduct and obeys rules and regulations.				
Cooperation: Extent to which the applicant works in harmony with other people.				
Responsibility: Extent to which the applicant accepts responsibility for his work and behavior without shirking, evading or blaming others.				
Diligence: Does the applicant work purposely and without wasting time?				
Attention: The applicant's ability to listen and follow instructions.				

Communication Skills: Does the applicant speak and write correctly and effectively?				
Courtesy: Does the applicant show respect for adults and authority, accept supervision and treat others with kindness and tact?				

What is your relationship to the applicant and how long have you known them?

Please give a brief character reference of the applicant. Any additional information or remarks that would assist us in making a determination regarding the applicant’s desire to be part of the Teen Volunteer program.

Signature _____

Please mail completed recommendation forms directly to:

**Stephens County Hospital
163 Hospital Drive
Toccoa, GA 30577
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Thank you for your cooperation and honesty, all responses will be kept private and confidential. If you have any questions regarding this form or the Teen Volunteer program please contact Pamela Jones, Foundation Director, at 706-282-4254.

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Parent's Agreement

I hereby permit my child to join the Teen Volunteer program of Stephens County Hospital. I realize the responsibilities of the organization and will cooperate with my child to comply with the rules and regulations, which have been adopted. I will assume responsibility for their transportation.

In consideration of them being permitted to work as a volunteer in Stephens County Hospital, I do hereby release and forever discharge Stephens County Hospital and any and all employees thereof from all liability which my child, myself, his/her executors, administrators or assigns, may or can have by reason of his/her contracting any communicable disease or diseases as a result of such volunteer services and/or personal injuries or property loss incurred during such activities.

I understand that my child is required to work a minimum of one 3-4 hour shift per week per month during the months of June, July and August with no more than 2 weeks absences. If my child decides to make a commitment beyond the summer months, I understand that they are required to work a minimum of one 1 hour shift per week, a minimum of 4 hours per month.

Please list any allergies or chronic illnesses:

Parent's Signature _____ Date _____

Child's Name (Printed) _____