

VOLUNTEER SERVICES

2024 TEEN VOLUNTEER PROGRAM (TVP) APPLICATION

DEADLINE: Wednesday, April 3, 2024 at 3 p.m. Incomplete applications will not be considered.
PRINT CLEARLY USING BLACK OR BLUE INK.

APPLICANT INFORMATION

Last Name _____ First Name _____

Primary Phone _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____

School Name _____ Current Grade _____

How did you hear about the UAB Teen Volunteer Program? _____

Have you previously applied?

_____ No, this my first year to apply. _____ Yes, I applied in (year) _____ not accepted/program canceled

_____ Yes, I applied in (year) _____ and was assigned to (area) _____

Parents/Guardian Information:

Name _____ Phone _____ Email _____

Name _____ Phone _____ Email _____

List family members who work for UAB Medicine:

Name _____ Relationship _____ Unit _____

Name _____ Relationship _____ Unit _____

DISCUSSION QUESTIONS

Type and attach a separate sheet of paper. Submit discussion questions with the application.

1. How do you feel being selected as a UAB Teen Volunteer will help you grow as a student and as a person?
2. Give an example from your experiences of each of the following: being prepared, being punctual, owning your responsibilities, and following guidelines.
3. What is appropriate behavior for a hospital setting? (Consider clothing, phones, conversations, and attitudes. Having a conversation with a teach, parent, or other professional may prepare you to answer.)

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SESSION SELECTION

Consider vacation, school schedule and other commitments. Discuss with your parent/guardian as you will be making a commitment to 9 days without absence.

_____ Session I
Begins Monday, June 3 and concludes on Wednesday, June 19 with a required orientation on June 3

_____ Session II
Begins Monday, June 24 and concludes on Wednesday, July 10 with required orientation on June 24

I understand that orientation is required and that my attendance is a condition for participation in the UAB Teen Volunteer Program.

_____ Initial

APPLICATION CONSENT

I certify the statements made in this application are true and complete to the best of my knowledge. I understand that my application will only be considered if ALL parts are completed and returned (including recommendation forms) by the deadline. I understand this information may be disclosed to any party with legal and proper interest, and I release the agency from liability whatsoever for supplying such information. I, the undersigned, acknowledge that by participating in the 2024 UAB Medicine Teen Volunteer Program that I am expected to serve each day of the assigned session.

Applicant Signature _____ Date _____

PARENT/GUARDIAN CONSENT

I give my permission for the above mentioned teen to participate in the UAB Medicine Teen Volunteer Program. I consider my teenager mature enough to recognize the responsibilities associated with volunteering in a medical facility. I understand that my teen will be assigned to volunteer in a specific department for their chosen session and that fulfillment of their committed hours is important. I understand that I am responsible if my child breeches hospital regulations, including the laws of hospital confidentiality. I understand that dismissal from the Teen Volunteer Program may occur if my teen does not adhere to UAB Medicine and/or Volunteer Services policies and procedures. I understand that my teen must attend orientation to participate in the program.

Parent/Guardian Signature _____ Date _____

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