



# Volunteer Services Department 2020 Summer Teen Application

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Last Name	First Name	Middle Initial
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Address	City	State	Zip code
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Phone	Email Address
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### Essay Questions:

Please answer each question and attach your typed responses to the application.

1. Why are you interested in volunteering at Tampa General Hospital and our offsite locations?
2. What do you hope to gain from your volunteer experience? What would make you feel like you have been successful?
3. What skills and qualities do you have to contribute to Tampa General Hospital and our offsite locations?
4. How would you react if you did not receive your preferred assignments or department? Are you willing to commit to the requirements of the volunteer program and take direction or supervision graciously from the Tampa General team?

### Volunteer Experience:

Please answer the following questions and attach your typed response to the application.

1. Have you ever volunteered?  
If yes, for what agency and what position? What were your responsibilities? What were or are the volunteering dates and total service hours?  
What did you like the most and least about your volunteering experience?
2. Have you ever been convicted (found guilty) of a crime, or are there any pending criminal charges awaiting a hearing?  
If yes, please explain.
3. Do you have reliable transportation to and from TGH?

### Parent/Guardian to Notify in Case of Emergency:

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Last Name	First Name	Middle Initial
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Home Phone	Cell Phone
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Tampa General Hospital Affiliation or previous program at TGH (if applicable)

## Application Checklist and Signature:

Please initial on each line below to affirm understanding and agreement:

\_\_\_\_\_ I am or will be 16 years old by June 8, 2020 and expected to be in high school for the 2020-2021 school year.

\_\_\_\_\_ I have an overall unweighted grade point average of 3.0 and have attached verification of this with a school transcript or report card to my application.

\_\_\_\_\_ I understand that the 2020 TGH Teen Volunteer recommendation form from a teacher or guidance counselor at my school must be included with my application in a sealed and signed envelope.

\_\_\_\_\_ I have attached my typed responses to the essay and volunteer experience questions to this form.

\_\_\_\_\_ I understand that if I am selected as a teen volunteer, I will be required to attend a mandatory hospital orientation on Saturday, May 9, 2020 from 8:00 a.m. – 2:00 p.m.

\_\_\_\_\_ The dates of the teen program are June 8, 2020 through July 31, 2020. I understand that if I am selected as a teen volunteer, I will be required to complete two service shifts a week for five weeks to successfully complete the teen program. Service shifts are available Monday through Friday from 9:00 a.m. – Noon or 1:00 p.m. – 4:00 p.m.

\_\_\_\_\_ I have read through the expectations sheet and I am able to adhere to all policies and expectations. I have attached the signed expectations sheet to my application.

\_\_\_\_\_ I affirm that the statements outlined in this application are correct and complete. I understand that providing any false or misleading information or any omissions may disqualify me from further consideration as a teen volunteer and may result in my immediate termination.

\_\_\_\_\_ I understand that as a volunteer I will not be paid for my service in this program and that my service will not lead to employment at TGH.

\_\_\_\_\_ I am submitting my complete application with all required paperwork by the deadline of Friday, February 28, 2020 by 3:30 p.m. to the Volunteer Services office (F129) at Tampa General Hospital. I understand incomplete or late applications will not be reviewed.

\_\_\_\_\_  
Teen Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date