PLEASE SAVE—IMPORTANT INFORMATION

Thank you for your interest in volunteering at Nationwide Children's Hospital. Read this letter carefully. You must be at least 14 years old and entering high school by September 1 in order to volunteer at Nationwide Children's. The following instructions provide information you need to make your volunteer experience positive and successful.

An applicant to the School-Year Volunteen Program must:

Complete and submit the online application.

- Consider your entire school year schedule before applying.
- Make note of the Interview Session date you are attending (dates below).

Application deadline is September 1, 2014 OR when program reaches capacity.

- We regret that we *are unable to accept applications after this date.*
- *Applications will be date stamped in the order they are received. IMPORTANT: The Volunteer Program will be accepting applications starting July 21. An application is complete when we receive both the application and references.* ***Applications will be accepted until September 1 or until the program reaches its application capacity—whichever comes first. Please apply early.***

Submit references.

- Give reference forms (in this packet or link in confirmation email) to people who know you well, such as teachers, neighbors, or your pastor. References cannot be family members.
- References must be returned to FVS as soon as possible. Email and mailing addresses are at the close of this letter and at the bottom of the form.

Attend an interview/parent information session with your parent or guardian.

- You and a parent or guardian must attend an interview session on **September 18 OR September 22 at 6:30 p.m.** in Nationwide Children's Hospital Education Building, Stecker Auditorium.
- *Complete the RSVP on the application* letting us know which session you will attend. Interview session seats are limited, so preference will be given to earlier applicants. Teen applicants and a parent must attend an interview/parent information session to be considered for the program.

FLU VACCINE/TB TEST

- Flu vaccine and TB Test is mandatory to volunteer at Nationwide Children's Hospital. Save your documentation.

At the interview session we will discuss placement and orientation, and attempt to answer any questions you may have related to volunteering at Nationwide Children's Hospital. Teens will interview in small groups with their peers and be asked a series of questions. Teens will also answer one short written question. During this time parents/guardians will attend an information session. If you need more information or have questions, please call us at (614) 722-3635 or email to volunteering@NationwideChildrens.org .

If selected to participate in the volunteer program, teen must:

Complete the required Orientation.

- The 3-hour orientation is Saturday, October 18, 2014 from 9 a.m.-noon in the Education Building, Stecker Auditorium. Orientation is for volunteers only and will cover general hospital policies. Additional trainings may be required.

Volunteer position will begin the week of November 3, 2014.

Laura Crisp, Volunteer Program Coordinator
Brittany Wirthman, Volunteer Program Coordinator
Nationwide Children's Hospital

Additional notes:

- ***Be sure to complete and submit the online application.***
- ***Make sure the email address(es) you provide are ones which are checked on a regular basis. Future communications may be by email and it will be important to respond to them in a timely manner.***
- ***References or other correspondences can be sent to:***

Family and Volunteer Services
Nationwide Children's Hospital
700 Children's Drive
Columbus, Ohio 43205-2696

Email – FVSReferences@nationwidechildrens.org
Phone – 614-722-3635
Fax – 614-722-3641

TO THE PARENTS OF A TEEN APPLICANT:

Your teen has applied to become a Nationwide Children's Hospital volunteer. Those who wish to serve others are special. We are looking for teen volunteers who honor the commitments they make, who will treat information about patients as strictly confidential, who are enthusiastic, pleasant, considerate, and honest.

In return, we can provide:

- The opportunity to work with a variety of interesting people.
- Experience in doing different kinds of work.
- A chance to learn responsibility and show leadership.
- A chance to explore some health care careers.

For most of our volunteens, the commitment they make to us is also a commitment for you. They count on their parents to:

- Assure teens have all required immunizations, including flu vaccine and TB test.
- Provide transportation to get to and from the hospital and ensure timely arrival.
- Encourage independence in communications.
- Expect them to do their best in jobs assigned.
- Not schedule family events or duties at the time they are scheduled to volunteer.
- Help make sure they arrive at the hospital in a clean and complete volunteen uniform.

We understand there will be times when your teen cannot come, such as illness, emergencies, or vacations. We ask that volunteens contact us when they are ill or have an emergency, and give as much notice as possible about vacation plans. If we do not receive a call, we will be counting on him/her to be here.

For teenagers, school should be of major importance and concern. Volunteering should not interfere with schoolwork. If grades go down, please have your child call, and we will put him or her on a leave of absence. When the grades improve, volunteens can be easily reinstated to the program.

Please note, a parent or guardian needs to attend the interview/information session. **You will be listening to an information session while your teen attends the interview.** ***Directly supervised positions for incoming teens are limited, not all qualified applicants may be placed.***

Your teen, along with approximately 1,000 other volunteers, can make a real difference in the lives of our young patients. If you are willing to support your teen's participation in the volunteer program, please sign below.

I support my teen's involvement in the Nationwide Children's Hospital Volunteen Program.

_____ _____

Teen's name (print) Date

_____ _____

Parent or guardian name (print) Parent or guardian signature

Please share any information which may be important when considering your teen for a volunteer assignment, as well as during your teen's volunteer experience. _____

_____

_____

*Please return to Family and Volunteer Services with references.

Nationwide Children's Hospital
VOLUNTEEN REFERENCE FORM

_____ has applied to become a volunteen at Nationwide Children's Hospital. Please reflect on your experiences with this person and share any information, which will help us in our consideration of him/her for an appropriate placement assisting our patients, families, and staff.

Our volunteens must possess a genuine concern for people, self-motivation, and maturity because they may be exposed to stressful situations while at the hospital. Our assignments also require independence and reliability. Your help in assessing these and other characteristics is vital to our placement process.

ALL INFORMATION, YOU PROVIDE WILL BE REGARDED AS **CONFIDENTIAL.**

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

Please describe the character and personality of the applicant. _____

_____

_____

Please describe the applicant's reliability and willingness to make a weekly commitment to a volunteer position.

_____

_____

How strongly would you recommend this applicant for placement in a children's hospital setting, or do you think he/she would be better suited for another type of volunteer agency?

☐ With great confidence ☐ With confidence ☐ With some confidence

☐ With reservation ☐ I do not recommend (please explain below)

Please share any other information that would be helpful in considering this applicant. Thank you!

_____

_____

_____

Date	Signature	Print name	Phone

Family and Volunteer Services can be contacted at volunteering@NationwideChildrens.org or (614) 722-3635.

Please return within 10 days of receipt.
Email to FVSReferences@nationwidechildrens.org
Mail to: Family and Volunteer Services
Nationwide Children's Hospital
700 Children's Drive
Columbus, OH 43205

(R7/14)

Nationwide Children's Hospital
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_____

_____

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Nationwide Children's Hospital
700 Children's Drive
Columbus, OH 43205

(R7/14)

VOLUNTEEN APPLICATION CHECK LIST

Thank you for your interest in the Volunteen program at Nationwide Children's Hospital. In order to process your application, all of the following items need to be received in our department. Please make sure your application packet is complete and received in our department by the deadline.

You will need:
▪Volunteen Application (submit online)
▪Parent letter for permission
▪Reference #1 _____
▪Reference #2 _____

▪Did you check the deadline?
School-year applications can only be accepted until September 1.
(these windows may be shorter if application capacity is reached—apply early)

▪ Did you RSVP for the mandatory Interview Session on the application? Please note that date and time.

▪ Flu vaccine and TB testing is mandatory for all volunteers. Save documentation provided by your primary care provider.

Mail additional materials to:

Family and Volunteer Services
Nationwide Children's Hospital
700 Children's Drive
Columbus, OH 43205

We must receive the completed application in our department by the deadline.

First Floor Map

Nationwide Children's Hospital

Questions?
Call Family and Volunteer Services at 614-722-3635

*Parking will be $2 for 4 hours in the Outpatient Care Center Visitor's garage.

Follow the orange line from the Outpatient Care Center entrance to the Education Building.