



Dear Applicant:

Thank You for your interest in the VolunTEEN Program at Vidant Duplin

Hospital. Requirements:

- Applicant must be 15 years of age and completed 9th grade.
- Have an overall B Average for the current school year. *Documentation is required from your school validating your GPA for the current school year.*
- Attend mandatory orientation.
- Commit to volunteering a minimum of 20 hours per week.

Application packet:

- Complete the application in its entirety. If you prefer to type your Personal Essay Questions, that is acceptable. If you handwrite the questions and do not have enough space, please feel free to use the backside.
- The teacher reference should be completed by one of your *current* teachers. The letter must be inside a sealed envelope with the signature of person completing the reference across the flap. The teacher reference should accompany the application.
- **Applications must be returned by March 30th, 2020 to be considered for volunteering.** Please review the application and make sure the appropriate forms are attached.

Please return your application to:

Nan Pate
Volunteer Services Coordinator
Vidant Duplin Hospital
Post Office Box 278
Kenansville, NC 28349

If you have any questions, feel free to contact me at 910.296.2629 or email:
nancy.pate@vidanthealth.com.

Sincerely,
Nan Pate

Nan Pate
Coordinator Volunteer Services
Post Office Box 278
401 N. Main Street
Kenansville, NC 28349
Office (910) 296-2629 Cell (828)243-0336

*“What is the essence of life? To serve
Others and to do Good” - Aristotle*



2020 VolunTEEN Application

Name: _____
(First) (Middle) (Last)

Date of Birth: ____/____/____

Mailing Address: _____

City: _____ State NC Zip Code _____

Home Telephone Number: () _____ Jr. Volunteer's Cell Number: _____

Email Address: _____

Mother's Name: _____ Cell Phone: () _____

Father's Name: _____ Cell Phone: () _____

Guardian's Name: _____ Cell Phone: () _____

Address: _____
City State Zip

Alternate Telephone Numbers:

Name	Relationship	Telephone Number
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Name	Relationship	Telephone Number
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Grade and School (Fall of 2020): _____
Grade School

Have you been a volunteer at Vidant Duplin Hospital before? ____ No ____ Yes (when) _____

If volunteering at Vidant Duplin Hospital would be for a special program at school, please list:

Contact Person	Organization	Telephone
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Are you a Health Science Academy Student? ____ Yes ____ No

Your most recent volunteer, school experience or work experience

Company Name: _____

City/State (location where you worked): _____

Dates Volunteered: From _____ to: _____

Contact Person: _____ Telephone: _____

List the duties you performed and/or your responsibilities

1. _____
2. _____
3. _____

Describe your volunteer experience:

Skills: Please list activities that you are involved in throughout the school year & summer, including: employment, volunteer work, sports, and clubs or community organizations.

1. _____
2. _____
3. _____
4. _____
5. _____

Personal Essay Questions

(Please write legibly - Essay can be typed and attached)

Career Goal(s):

How will volunteering relate to your career goal(s)?

There are many places you could apply to volunteer; why have you chosen Vidant Duplin Hospital?

What can you bring to the Vidant Duplin Hospital Jr. Volunteer Program that makes you stand out more than other applicants?

Name

Date



VolunTEEN Reference Form

Dear Teacher:

As part of the Jr. Volunteer Program at Vidant Duplin Hospital, each student is required to have a ***current*** teacher reference.

If you would like to receive the form electronically, please call me at 910-296-2629 and I will email the form to you.

Instructions:

- Please complete this form as honestly as possible, these forms will remain confidential.
- Return completed form to the applicant in a sealed envelope with your signature written across the flap.

If you have any questions, please call me at 910-296-2629 (work) or 828-243-0336 (cell) after 5:30pm.

Thanks,

Nan

Nan Pate
Coordinator
Volunteer Services
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Kenansville, NC 28349
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Teacher Reference Form

The applicant has been asked to have a current teacher complete this reference form.

Is this applicant a current student of yours? Yes No Class: _____

If no, how long ago did you teach this student?

Please rate the prospective VolunTEEN by circling the appropriate rating.

Is reliable and would have good attendance.	Excellent	Good	Fair	Poor
Dresses appropriately and would follow the dress code policy.	Excellent	Good	Fair	Poor
Listens well, follows instructions and would abide by policies.	Excellent	Good	Fair	Poor
Gets along well with others	Excellent	Good	Fair	Poor
Shows initiative, occupies their time well and is self-motivated.	Excellent	Good	Fair	Poor
Communicates well with adults and other teenagers.	Excellent	Good	Fair	Poor
Will abide by privacy policies.	Excellent	Good	Fair	Poor
Would be an asset to the Jr Volunteer Program	Excellent	Good	Fair	Poor

Please give any comments, personal observations, recommendations or information that would give us a better understanding of this applicant.

If you have any misgivings or reservations about this applicant participating in the Jr. Volunteer program, please state them.

Name: _____

School: _____

Signature: _____ Date: _____

Daytime Phone Number: _____

Thank you for taking the time to complete this reference form.