

Dear Student,

Thank you for your interest in the **Summer Teen Volunteer Program** this year. Attached are several documents that must be completed in their entirety before it is returned to the Volunteer Services office no later than:

**Friday, June 14<sup>th</sup>, 2019 (last day to turn in your application)**  
**THE PROGRAM WILL NOT TAKE INCOMPLETE APPLICATIONS**

**Please keep the first 5 pages of this packet for your reference, and mail only the completed application with the requested paperwork to:**

Friendly Home  
Attention: Kathy Main  
3156 East Avenue  
Rochester, NY 14618

The following are requirements that everyone needs to meet before participating in the Teen Volunteer Program:

1. All high school students must be at least 14 years of age.
2. Complete the parental consent form and return it with the application form.
3. Please bring a copy of your up-to-date immunization records. This must include proof of two (2) Measles/Mumps/Rubella (MMR) Vaccinations, Chicken Pox Vaccinations or proof of having Chicken Pox. We also require a TB test that your physician may administer or our Employee Health nurse at no charge to you.
4. A letter of recommendation should be included with the application, and it can be from your school Guidance Counselor, teacher, Administrator, Scout leader, employer, or another adult not related to you.
5. All students that submit a completed application by the deadline will receive an email with information on how to schedule an interview. Interviews will take place in June and it is the **student's responsibility** to call and make an appointment.

Please feel free to call the Volunteer Services office at 585-789-3153 or email: [kmain@friendlyhome.org](mailto:kmain@friendlyhome.org) should you need any assistance.

Sincerely,

Kathy Main  
Volunteer Coordinator

# 2019 Summer Teen Volunteer Program

## Things to Remember

### Please remember the following:

- The deadline to turn in your application is **Friday, June 14**. The office closes at 4:00 pm.
- When your application has been reviewed, you will receive an email that it was accepted. At this time, you may set up your interview by calling the volunteer office at: 585 789-3153 or email: [kmain@friendlyhome.org](mailto:kmain@friendlyhome.org).
- Interviews will take place the week of **June 17**.
- Orientation will be held on **Wednesday, June 26**, from **1-3pm**. At this time, you will receive a badge and your job assignments.

### **The Program will not accept incomplete applications**

**Time Commitment:** Teens are required to commit to **36 hours** during the Summer Program. This equates to a minimum of two 3-hr shifts per week for 6 weeks. At the end of the program, you will receive a certificate in recognition of your community service hours spent here at the Friendly Home.

**Please note:** If you do not complete the 36 hours during the summer session, you can return during the school year until you reach the required hours. Please note that this is based on available areas where you can volunteer (first served basis). Always call or email the Volunteer Coordinator if you want to volunteer during the school year.

# Welcome to the Summer Teen Volunteer Program

As a member of our Summer Teen Volunteer Program, you will find a personal satisfaction in serving the Friendly Home and our Members as you offer your time and talents. You will have the opportunity to acquaint yourself with a variety of opportunities.

Remember, as a Teen Volunteer, you agree to the following commitment

## **I Will Be:**

### **DEPENDABLE:**

- I will be on time for duty. If I am unable to report for duty, I will notify the supervisor that I have been assigned to. I will notify my supervisor or the Volunteer Coordinator in advance of vacation or other scheduled absences.

### **COOPERATIVE:**

- I will wear my name badge at all times.
- I will not bring valuables with me.
- I will report any accidents or incidents while on duty to my supervisor and the Volunteer Coordinator.
- I will only go to areas of the Home that are assigned to me.

### **QUIET:**

- I will walk quietly in the hallways.
- I will talk quietly in the hallways and when I walk into any Member rooms, I will knock first.

### **PLEASANT AND COURTEOUS:**

- I will remember that I am part of the patient care team and thus contribute to the impression others have of the Friendly Home.

### **WILLING:**

- I will be a willing volunteer, remaining flexible to serve where needed.

### **REMEMBERING:**

- I will remember that I am a teenager working in the adult world.

- As a Teen Volunteer in the facility, I must observe the same professional ethics as the Friendly Home team members (employees). To the public I appear as a professional; therefore, I must act in a professional manner at all times.

### **I WILL NOT:**

- Sit on a Member's bed.
- Make personal telephone calls, text, or take photos while on duty. *Cell phones will remain off for the duration of your shifts unless you are on break.*
- Visit with friends while on duty.
- Bring guests to work with me.
- Use perfume, highly scented powder, cologne or after shave lotion.
- Wear conspicuous make-up or excessive jewelry. *All visible pierced body jewelry other than earrings (i.e. eyebrow or nose rings) must be removed.*
- Chew gum, carry snacks with me, or smoke while on duty. (All Friendly Home campuses are smoke-free.)
- Sit in or ride in wheelchairs.
- Play on the elevators.
- Accept tips.
- Run in the hallways or anywhere in the Friendly Home.

**Be sure to review additional requirements and rules in the Volunteer Handbook you will receive during Orientation.**

### **DRESS CODE:**

Teen Volunteers are required to wear T-shirts with khaki's or jeans. Only closed toe shoes are permitted, including tennis shoes of any color, nor shorts, skorts, or cut-offs . Capri pants are allowed as long as they are not more than 4 inches above the ankle.

You will be sent home if you are improperly dressed.

**Only the Volunteer Services Coordinator can sign your Community Service Forms.**

## **DISMISSAL FROM PROGRAM:**

At the Friendly Home, our primary concern is our Members. Volunteers who show disregard for the Friendly Home policies, and are not respectful to others, will be dismissed from service.

## **PATIENT CONFIDENTIALITY:**

The Friendly Home policy and Federal regulations require all Member information to be kept confidential. Volunteers who breach Member confidentiality will be terminated immediately.

## **VOLUNTEER WORK DURING THE SCHOOL YEAR:**

Please call the Volunteer Coordinator to see what service opportunities are available once the summer program ends. Please do not show up to volunteer unless you are on the schedule to come in.

You may also return during subsequent summers pending a positive evaluation. The Volunteer Coordinator will contact you via e-mail if you are eligible.

## **MANDATORY TUBERCULOSIS (TB) SKIN TEST:**

State law requires that all healthcare workers (paid and un-paid) pass an annual Tuberculosis (TB) screening. Your pediatrician or the Friendly Home must administer this or our Employee Health nurse at no charge to you.

# SUMMER TEEN VOLUNTEER PROGRAM APPLICATION

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**PART I:** Please complete the application in its entirety. Print neatly.

Date: \_\_\_\_\_

NAME:

\_\_\_\_\_

First Name

Middle

Last Name

Address: \_\_\_\_\_

Address

City

State

Zip

E-Mail Address: \_\_\_\_\_ (Please Print)

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Social Security: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

IN CASE OF AN EMERGENCY INVOLVING THIS TEENAGER WHILE ON DUTY, YOU MAY CONTACT THE FOLLOWING INDIVIDUALS IF PARENT/GUARDIAN IS NOT AVAILABLE

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**I hereby state that my son/daughter is 14 years old, and I give my consent for him/her to serve as a volunteer in the Teen Volunteer Summer Program. He/she understands that breach of patient confidentiality will be cause for immediate termination from the program.**

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Parent's Signature

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Applicant's Signature



## Summer Teen Volunteer Program – Parental Consent Form

I understand that my child, \_\_\_\_\_ (print name of child) who is under eighteen (18) years of age, has applied for membership as a Teen Volunteer at the Friendly Home. I am aware that, before serving as a Teen Volunteer, the following documentation or certified proof of laboratory test results must be obtained from the public health department or my child's pediatrician and provided to the Volunteer Office:

1. Documentation of receipt of two (2) doses of MMR vaccine on or after twelve (12) months of age or laboratory evidence of Rubella (German Measles) and Rubella (Measles) immunity, as well as the Varicella Vaccinations.
2. Documentation of negative Tuberculosis (TB) skin test within the past 12 months or if TB skin test is positive, documentation of negative chest x-ray within the past twelve (12) months along with a clearance letter from our pediatrician.

In the event my child is injured or becomes ill while at the Friendly Home, I hereby authorize the Friendly Home and its personnel to provide appropriate medical care or treatment to my child, as they deem necessary or advisable.

I acknowledge that I have read this consent form in its entirety and understand fully its contents and voluntarily execute it realizing what I am doing by signing it. I further acknowledge that all of my questions have been answered to my satisfaction and I have proper legal custody of my child named above.

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Parent or Legal Guardian – Signature

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Parent or Legal Guardian - Printed



# Volunteer Services

**RECOMMENDATION FORM:** Please return the form to the applicant. Please do not fax or mail the form. If you have any questions or concerns, please call our Volunteer office at 585-789-3153.

## TO THE APPLICANT:

At the Friendly Home, our primary concern is for our members and their families. It is imperative that all who enter service as a volunteer appreciate the importance of respecting the rules and structures that govern us. Adult and Teen volunteers are required to comply with specific regulations to protect the safety and privacy of our patients. We ask for this letter of recommendation from a teacher, counselor, Scout leader, employer, or other adult not related to you who can speak of your character and reliability and give us the confidence necessary to include you in our program.

\_\_\_\_\_ is applying for the Summer Teen Volunteer Program.  
(Print Applicant's Name)

## TO THE EVALUATOR:

In order to assist us in evaluating the applicant above for admission to the Summer Teen Volunteer Program, we would appreciate your responses to the following questions. Comments, which may be viewed as other than positive, will not necessarily preclude a student's admission to the program.

1. Please comment on the character, attitude and emotional maturity of the applicant.

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**Recommendation form continues:**

2. Does this student have the ability to work in an unsupervised situation?

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3. To your knowledge, has the student had any disciplinary problems?

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4. Please comment on the strengths that you feel this student possesses.

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5. Please add any additional comments that you feel would be of assistance to the student or Volunteer Services.

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Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Position/Title: \_\_\_\_\_