



## **Teen Volunteer Program Application Process Overview**

The minimum requirements for becoming a teen volunteer with Trellis Supportive Care vary depending on the volunteer job desired. Age requirements, training, and educational history are specified for each volunteer position.

### **Teens are needed in three areas:**

1. Direct Patient Care Volunteers – sophomore, junior, and seniors only
2. Cookie & Craft Club – middle and high school students
3. Special Event Volunteers - middle and high school students
4. Garden Volunteers - middle and high school students

### **Steps to apply for a volunteer position include:**

1. Contact the Volunteer Services Department (336-768-3972 x 1339) to obtain a volunteer application.
2. Return completed application to:  
Trellis Supportive Care  
Volunteer Services Department  
101 Hospice Lane  
Winston-Salem NC 27103  
Fax: 336-331-1361
3. Once all required paperwork is received, the Teen Volunteer Coordinator will contact the applicant to arrange a convenient time to conduct a personal interview.
4. Teen Volunteer Applicant is notified concerning their acceptance into a Teen Volunteer position. Completed applications do not guarantee placement in a volunteer position.
5. Applicants wanting direct patient care must complete the following requirements:
  - *Teens must be a sophomore, junior or senior in High School.*
  - *Patient/Family Volunteer Training, an intensive 12-hour training class.*
  - *Complete reference checks and 2 tuberculosis screenings.*
  - *Additional training may be required depending on the position filled.*

# Trellis Supportive Care Teen Volunteer Application / Information Form

## Personal Information

Full Name			
Last	First	Middle	Name that you are called
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth	
Home Address	(Street)	(City)	(State) (Zip)
Home Phone	Cell Phone	Email	
School:		Last Grade Completed:	
Name of Parents(s) or Guardian(s) (Please Print)			
Have you experienced a death in your family or someone close to you in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?			
How did you learn about volunteering at Hospice? (check all that apply)			
<input type="checkbox"/> Current Volunteer <input type="checkbox"/> Friend/Family Member <input type="checkbox"/> Teacher <input type="checkbox"/> Crosby Scholar <input type="checkbox"/> Other _____			
Why do you want to become a volunteer?			

## Emergency Contact

Name		Relationship to Applicant)	
Daytime Phone	Home Phone	Cell Phone	Email
Family Physician		Preferred Hospital	

## Volunteer History

Organization	From (Mo/Yr)	To (Mo/Yr)	Position/Description of Role

## Employment Experience

Name of Employer	From (Mo/Yr)	To (Mo/Yr)	Position/Description of Role

### Specific Volunteer Interests

<b>Please identify areas of service that interest you (check all that apply)</b> <input type="checkbox"/> Office <input type="checkbox"/> Long Term Care Facilities <input type="checkbox"/> Journey of a Lifetime/Life Review <input type="checkbox"/> Special Events <input type="checkbox"/> Garden <input type="checkbox"/> Other _____ <input type="checkbox"/> Cookies & Craft Club (meets one Saturday a month during the school year and weekly during the summer from 9am – noon)		
<b>Computer Skills/Interests (check all that apply)</b> <input type="checkbox"/> Databases <input type="checkbox"/> Spreadsheets <input type="checkbox"/> Word Processing <input type="checkbox"/> Power Point <input type="checkbox"/> Website Design <input type="checkbox"/> Graphics Software <input type="checkbox"/> Publishing Software <input type="checkbox"/> Multimedia Programs Any additional computer knowledge/skills:		
<b>Office Skills/Interests (check all that apply)</b> <input type="checkbox"/> Fax Machine <input type="checkbox"/> Copier <input type="checkbox"/> Telephone <input type="checkbox"/> Calculator <input type="checkbox"/> Laminating Machine Any additional office skills:		
Additional Skills and Talents (i.e., artistic ability, hobbies/crafts, language fluency, photography theatrical skills, etc.):		

### Signatures and Authorization

**Trellis Supportive Care is not obligated to provide a placement, nor are you obligated to accept a position offered. Opportunities for volunteers are provided without regard to race, religion, gender, ethnic origin, disability, age, or sexual orientation.**

I understand that all volunteers represent Trellis Supportive Care and are subject to the rules, and regulations of the organization. I authorize Trellis Supportive Care to acquire additional information from references attached to this application, and I hereby release them, their companies and Trellis Supportive Care any liability whatsoever concerning information obtained through this application. The information provided has been completed thoroughly and truthfully by the Teen Volunteer Program applicant. This application and any other documents obtained during the application process will remain confidential in the Trellis Supportive Care Volunteer Services Office. In addition, I agree to hold all information I may have access to about Hospice patients, clients, and families confidential and will not divulge any information to unauthorized persons.

Teen Applicant Name (Print): \_\_\_\_\_  
 Teen Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Publicity Release

At times, information concerning a volunteer may be used in a press release, for fundraising purposes, or other reasons deemed appropriate by Trellis Supportive Care. Submission of this application provides consent for Trellis Supportive Care to use the teen volunteer’s name, title, portrait, picture, video image, photograph, or any reproduction likeness or quotation of the teen volunteer’s remarks for public information, fundraising purposes, or other organizational programs as approved by Trellis Supportive Care.

Teen Applicant Name (Print): \_\_\_\_\_  
 Teen Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Only complete this section if applicant is applying for a Direct Patient Care position. Applicant must be a sophomore, junior or senior in high school. This requires a 12-hour minimum training class, and acceptance will be contingent upon a final review of application, interview process and reference checks.**

### Parent/Guardian Acknowledgement

Please read the following statements with your teen volunteer applicant and sign below:

- Teens under 18 years old are not allowed to transport patients or their family members by automobile.
- Universal Precautions and Infection Control are taught by medical professionals during volunteer training.
- All patient information is confidential. Since your child may share information with you concerning their volunteer experience, your signature below indicates that you will keep in confidence any information shared with you about a Trellis Supportive Care patient.
- All Teen Volunteers must document each visit with patient/family. This documentation becomes part of the medical record which is an integral part of the Trellis Supportive Care plan of care for the patient and facilitates government funding.

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Tuberculosis (TB) Testing Consent

All new teen volunteers with Trellis Supportive Care must be administered two TB tests prior to working with patients. These tests are available at no charge. The first test is administered during volunteer training with results evaluated on the second day following the test. The second test is administered one to ten days after the first. Your signature below Trellis Supportive Care to administer the required TB Screening for your teen.

Trellis Supportive Care has my permission to administer required TB Screening for my child.

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### References

Please provide the name, complete address and relationship of two professional or personal references who are not related to you.

Name	Relationship
Address	Phone

Name	Relationship
Address	Phone