



Dear Prospective VolunTEEN:

Thank you for your interest in volunteering at The Guthrie Clinic/Robert Packer Hospital. Our VolunTEEN program is for teens 14 yrs – 17 yrs of age interested in actively volunteering at Guthrie. Below are the steps for becoming a VolunTEEN.

1. Bring your completed application and letter of reference to the Volunteer Services Dept., 5th Level, Sumner Building, Robert Packer Hospital.
2. You will be scheduled for an Employee Health Office (EHO) appointment.

NOTE: VolunTEENS must have their parent/legal guardian present during their EHO appointment.

- Items to take with you and what to expect at your EHO appointment:
 - Your parent/legal guardian
 - Acceptable form of ID or birth certificate
 - Immunizations: Take your immunization records with you
 - Urine drug screen: Will be performed at EHO
 - 2-Step PPD (to rule out TB)
 - Influenza Vaccination (required only during flu season determined by Guthrie: Please take proof of the vaccination to your EHO visit. If it's during the annual vaccination period and you have not yet received a flu shot, you will receive one at your EHO visit.
- 3. Once our office receives notification that you've been cleared to volunteer, we will contact you to schedule your Volunteer orientation.

If you have any questions, please feel free to contact me.

Sincerely,

Michele Varano
Coordinator, Volunteer & Courtesy Services

*The Guthrie Clinic/Robert Packer Hospital
One Guthrie Square, Sayre, PA 18840*



VolunTEEN Application

For applicants 14 yrs - 17 yrs of age

First Name _____ Last Name _____ B# _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____ Email _____

Birth Date _____ Age _____ Grade _____ School Attending _____ Grad Date _____

Day(s) & Time(s) Available _____

Are there any health problems we should be aware of? Yes / No If yes, please explain _____

Are you a US Citizen? ___Yes___No How did you hear about us? Online Friend School Visit Retiree Employee Other

Parent/Guardian Name _____ Email _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

In Case of Emergency Notify: Name _____ Phone _____ Relation: _____

Date _____ VolunTEEN Signature _____

Please provide a letter of reference from an adult who IS NOT related to you, i.e., pastor, teacher, coach, etc., and attach it to your completed application.

Failure to disclose appropriate information may result in terminating your volunteer privileges.

<p>Volunteer Office Use Only</p> <p>Date Received _____</p> <p>Reference Letter Received _____</p> <p>EHO Appointment _____</p> <p>EHO Cleared _____</p> <p>Orientation Scheduled _____</p> <p>Orientation Completed _____</p>	<p>NOTES:</p> <p>Badge ID#: _____ Influenza Date: _____</p> <p>Shirt Size: _____</p>
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ATTENTION PARENTS/GUARDIANS: Please read the following statement. You must date and sign this statement in order for your minor teen to participate in the VolunTEEN Program at the Guthrie Clinic.

The Guthrie Clinic/Robert Packer Hospital has my permission to perform the required testing on my minor child who is applying to participate in the VolunTEEN Program and that all testing and requirements outlined below must be completed before starting the program.

- 2-Step PPD (used to rule out TB)
- Urine Drug Screen test
- Initial Influenza Vaccination (during flu season) and annual influenza vaccinations
- Provide documentation of immunizations upon his/her appointment with the Employee Health Office
- Be accompanied by parent/guardian and have birth certificate with him/her when presenting for the Employee Health Office appointment

All tests will be performed by The Guthrie Clinic Employee Health Office in Sayre, Pa. Results of the testing will be provided to the parent/guardian upon request. A positive test will result in disqualification for participation in the VolunTEEN Program for one year. Clearance must be granted by the Employee Health Office before the teen can attend Volunteer Services orientation.

VolunTEEN Name _____ **Parent/Guardian Name** _____

Parent/Guardian Signature _____ **Date** _____

The Guthrie Clinic/Robert Packer Hospital | One Guthrie Square | Sayre, PA 18840
Michele Varano, Coordinator, Volunteer & Courtesy Services
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Please call the Volunteer Services Dept. if you have any questions
www.guthrie.org