



May 1, 2008

Dear _____ :

Another school year is coming to an end and that means the Summer Teen Volunteer program is getting ready to start.

Last year's program was very successful, and I expect this year will be as well.

If you're interested in volunteering again this summer, you'll need to know the following:

- ◆ Complete both attached forms - the Returning Teen Update Form and the Permission Slip - and return both to me by June 4.
- ◆ You will need to have one (1) PPD shot from our Health Office the week before June 30. No appointment necessary and not on Thursdays.
- ◆ Attendance is mandatory for Orientation on **Monday, June 30, at 9 a.m.**
- ◆ If you have turned 16 since last summer you will need new working papers.

I hope you had an excellent experience last summer and will consider volunteering again this summer. Please contact me with any questions or concerns.

Sincerely,

Rhonda M. Butler
Manager of Volunteer Services
315-464-6144
ButlerR@upstate.edu



SUNY Upstate Medical University

University Hospital

MEDICINE AT ITS BEST®

Summer Teen Volunteer Program 2008
Returning Teen Update Form

Name: _____

Age: _____ Email address: _____

Address: _____

Phone: _____ Additional Phone Number: _____

School currently attending: _____
Grade in Fall: _____

Emergency contact information: _____

Do you have your working papers? _____
If you have new working papers, we'll need a copy.

Your available schedule: _____

Do you have a preference for the type of department you will volunteer in? Yes No
If you do, give me an example of what you would like to do: _____

Do you still have your volunteer polo shirt or do you need a new one? Yes No
If you need a new one, what size? _____

Return completed forms by June 4, 2008 to:
Upstate Medical University
Attn: Rhonda Butler
Room 1401 University Hospital
750 E. Adams St.
Syracuse NY 13210



Volunteer Initiatives
1401 University Hospital
750 E. Adams Street
Syracuse NY 13210

Phone 315-464-5180
Fax 315-464-2272

TEEN VOLUNTEER PARENTAL CONSENT FORM

Parent/Guardian: Please read and check off one or BOTH authorizations below and sign.

- I hereby permit my child, named below, to participate in the Teen Volunteer Program at Upstate Medical University/University Hospital and I permit healthcare providers in Employee/Student Health to:
 - administer a tuberculin skin test
 - provide first aid treatment, if the need arises, during his/her service

- I also permit the volunteer program staff to use photos of my child taken during their volunteer service for internal publications and press releases to area media, for the purpose of program publicity and acknowledgment.

Minor's Name **Date of Birth**

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Relationship to Child: _____

Home phone number: _____

Work or cell phone number: _____