

UPSTATE

UNIVERSITY HOSPITAL

TO: Downtown and Community Campus Department Leadership

FROM: Rhonda Butler, Manager of Volunteer Services, Teen and College Student Program

DATE: February 28, 2017

RE: Requesting a Teen Volunteer – Summer 2017

Greetings Everyone! Our office structure has recently changed, and I will oversee the teen program at both campuses. The summer teen volunteer application will officially be available online March 1, and when I interview the teens I want to have meaningful opportunities available to offer them. If you are interested in hosting a teen volunteer(s) in your department this summer, please complete the attached form and return it to me (Room 1401, UH) by **March 31st**. Please note, priority will be given to patient-focused roles for teens who meet age requirements first, then to other supportive roles.

The program will run for one full session: July 10th – August 18th

Each student is expected to be here for one full day each week, or two half days each week. They are to have a minimum of 40 hours over the course of the summer session and complete a minimum of 4 out of the 6 weeks.

If a teen is assigned to your department you will be notified in advance. The half day mandatory teen orientation will be held prior to first day of the summer session. If you agree to host a volunteer, your department responsibilities would include the following:

- Providing a mentor who will supervise the teen(s) and ensure that they have meaningful, well-thought out tasks to perform.
- Ensuring that the teen volunteer has an understanding of the department's scope of services – a tour and orientation their first day is recommended.
- Maintaining contact with me to address any problems or concerns – or great achievements!
- Maintaining close supervision of their work, personal conduct and attendance.

Once I fill the schedule you provided, I will email you who will be volunteering in your department and what their schedule will be. If I know of their vacation plans, I will also share that information with you. Thank you for your participation, in advance. This is a great program, and I'm looking forward to another successful summer. If you have any questions, please feel free to contact me via phone (315-464-6144) or email (ButlerR@upstate.edu).

All forms should be sent to:

Upstate University Hospital
Volunteer Services, 1401 / Downtown Campus
750 E. Adams Street • Syracuse, New York 13210
(315) 464-5180 Phone • (315) 464-2272 Fax
www.upstate.edu/volunteers/

UPSTATE

UNIVERSITY HOSPITAL

Please complete and return to Rhonda Butler, Volunteer Office, 1401 UH by March 31, 2017.

Campus: ___ Downtown ___ Community

Department: _____ Location: _____

Name of department contact person who will be responsible for the teen(s): _____

Phone #: _____

Please describe your program/department in terms a teen will understand:

Describe the duties the teen volunteer would do, as specifically as possible:

(Example: Data entry and other computer tasks, visiting with patients, cleaning waiting room and refreshing magazine supplies, researching online materials, running errands within the building of placement, and creating spreadsheets and other marketing materials, reminder phone calls, and stocking carts and rooms.)

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

Are there any skills or abilities desired or required (such as computers, communications skills, following directions)?

Please indicate the days and times you prefer to have teen volunteers in your department, and how many teens per day. We will not assign a teen to any timeslot not indicated. Teens are here weekdays between 8 a.m. – 4:30 p.m. You can request teens for all day or half days.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

All forms should be sent to:

Upstate University Hospital
 Volunteer Services, 1401 / Downtown Campus
 750 E. Adams Street • Syracuse, New York 13210
 (315) 464-5180 Phone • (315) 464-2272 Fax
www.upstate.edu/volunteers/