



TO: University Hospital Department Leadership

FROM: Rhonda Butler, Manager of Volunteer Services, Downtown Campus

DATE: April 3, 2015

RE: Requesting a Teen Volunteer – Summer 2015

The summer teen volunteer application will officially be available online March 9th, 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 **May 1st**. We've changed the program to accommodate student's busy schedules. The program will run for two sessions:

Session #1: July 7 – July 29
Session #2: August 4 - August 26

Each student is expected to be here for two full days each week, or four half days each week. They are to have a minimum of 36 hours per session.

We will have 40 participants per session. If a teen is assigned to your department you will be notified in advance. The all day mandatory teen orientation will be held on the first day of each 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 (X4-6144) or email (ButlerR@upstate.edu).

Please Return To:

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



Please complete and return to Rhonda Butler, Volunteer Office, 1401 UH by **May 1, 2015**.

Department: _____

Location: _____

Name and position of mentor who will be responsible for the teen(s): _____

Extension: X4_____ How many teens per week would you like? _____

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.)

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

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

I would like a teen volunteer for: (circle all that apply)

Session #1 (7/07-7/29)

Session #2 (8/6-8/26)

Please indicate the days and times you prefer to have teen volunteers in your department. Also, let us know how many teens you want 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.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

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