2013 Summer Student Teen Volunteer Program
Questionnaire Instructions
PLEASE READ ALL INFORMATION

Thank you for your interest in volunteering at the Michael E. DeBakey VA Medical Center (MEDVAMC). This program is designed to give High School Students "real life" experience to prepare you for future challenges.

We receive many student questionnaires, and accept students based on their questionnaire, placement availability, when the questionnaire is turned in, and other factors. Turning the questionnaires in by the deadline does not guarantee acceptance into the program.

If you have an interest in a specific area, please list that under “Assignment Preferences” on the questionnaire. We will do our best to have that area at the Job Fair and Orientation. Please note, however, that there is no guarantee that students will be assigned to a specific area. Assignments are decided between the area supervisor and the student at the Job Fair and Orientation.

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Program Dates:

March 14, 2013	Deadline to turn in questionnaires. Late questionnaires will NOT be accepted, due to the high volume of questionnaires we receive. Students accepted into the Program will receive a confirmation letter.
End of March	Students will receive acceptance or non-acceptance notification by mail or email. Further instructions and future dates will be given with this notification.
June 2012	Mandatory Summer Student Volunteer Job Fair and Orientation, (Program Begins) Students unable to attend will be put on a waiting list.
August 2012	Summer Student Volunteer Awards Program (Program Ends)

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Program Requirements:

- **Age:** You must be 14 years old on or before June 1, 2013
- **Time and Hours:** a *minimum* of 100 hours **AND** 4 weeks
- **Report Card:** Most recent copy of student report card must be submitted with questionnaire
- **Uniform:** Must wear Khaki pants (student must provide) Maroon colored t-shirt and polo shirt (1 each provided Voluntary Service) **Additional shirts may be purchased at students expense)**
- **Questionnaires:** Incomplete questionnaires **WILL NOT** be considered; this includes lack of signatures.
- **Relatives:** You cannot volunteer in the same area as your parent or relative.
- **Conduct:** We expect each student to act in a professional manner. Poor conduct will be dealt with on an individual basis.
- **Waiting List:** Placements will be made based on availability of volunteer positions.

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Point of Contact:
Tanya Lucky, Voluntary Service Specialist
tanya.lucky@va.gov
(713) 794-7347

KEEP THIS TOP SHEET FOR YOUR RECORDS!!!!

See back for additional information

Voluntary Service
DEPARTMENT OF VETERANS AFFAIRS

Summer Teen Volunteer Questionnaire

Thank you for inquiring about volunteer opportunities at the Michael E. DeBakey VA Medical Center. Please take a few minutes to complete our Summer Teen Student Volunteer Interest Questionnaire. Once your submission has been evaluated, one of the Voluntary Service Staff will contact you after March 14, 2013 regarding your acceptance or non-acceptance. **Note: Incomplete or illegible questionnaires will not be considered. PLEASE ensure you completely fill out this questionnaire.**

Inputs marked * are required fields ***Date: _____/____/_____**

***Name (Last, First, Middle Initial):**_____ ***DOB** __ __/__ __/_____

***Primary Phone Number:** _____

***E-Mail Address:** _____

***Are you between the ages of 14- 17 years of age?** ☐ Yes ☐ No

***Are you a new volunteer student or returning volunteer student applicant?** ☐ Returning ☐ New

***Please indicate your availability for the following shifts:**

- ☐ Weekday Morning (8am-12pm or 9am-1pm)
- ☐ Weekday Afternoon (12p-4p or 1p-5p)
- ☐ Weekday Morning & Afternoon

***Select all that apply for the days you are available to volunteer:**

☐ Weekday mornings	☐ 1-3	☐ 3-5	☐ 5
☐ Weekday afternoons	☐ 1-3	☐ 3-5	☐ 5
☐ Weekday Morning & Afternoon	☐ 1-3	☐ 3-5	☐ 5

***Are you fulfilling a school requirement?** ☐ Yes ☐ No (If Yes, please explain in the space provide below)

_____

_____

_____

***What type of volunteer position interests you?**

- ☐ Direct Patient Contact
- ☐ Limited Patient Contact
- ☐ No Patient Contact

***Are you available to commit to volunteering for <u>4 weeks and 100 hours</u>?** ☐ Yes ☐ No

Voluntary Service
DEPARTMENT OF VETERANS AFFAIRS

Summer Teen Volunteer Questionnaire

***What attracts you to MEDVAMC Summer Teen Student Volunteer program? (100 word minimum)**

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Voluntary Service
DEPARTMENT OF VETERANS AFFAIRS

Summer Teen Volunteer Questionnaire

***What are your short and long term goals that you would like to accomplish?**

***Short Term Goals:** _____

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_____

***Long Term Goals:** _____

_____

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_____

***List your ideal assignment preference:**

1. _____
2. _____
3. _____

Student Signature: _____ **Date:** ____/____/_____

Parent/Guardian Signature: _____ **Date:** ____/____/_____

For Office Use Only **Comments:**	**Staff Initials:**
Approved: ☐ **Yes** ☐ **No**	
Orientation Date: _____/____/_____	