Dear VolunTeen Applicant and Parent / Guardian:

Thank you for your interest in volunteering at Regional Health Rapid City Hospital. The VolunTeen program provides an excellent and rewarding volunteer experience as well as insights into career possibilities in the healthcare field. Your awareness of our program guidelines and your support are important factors to our success.

The VolunTeen program has 3 sessions, lasting approximately 3 months each, which follow the school calendar:

• The Fall session begins in October
• The Spring session begins in February
• The Summer session begins in June

The applications are due by the last business day of the month before the session starts in September, January, or May. The application and parental consent forms need to be completed for acceptance into the program. After your application has been processed, you will receive information about the next scheduled orientation.

Please carefully review the following guidelines and contact us if you have questions.

To become a VolunTeen you must:

• Be 15 to 18 years of age.
• Maintain a 2.4 Grade Point Average.
• Commit to a weekly 2-4 hour shift, for the 3-month session. Totaling a minimum of 30 volunteer hours. Students with more than 3 unexcused absences may be re-evaluated.
• Complete and return: Volunteer Application and this VolunTeen Program Guidelines and Parent Consent
• Complete online courses and attend a mandatory scheduled class orientation. Orientation is held only one time, and in order to volunteer, you must attend for the entire 2 hours. Orientations are held at the beginning of each session and you will be notified by mail.
• Complete health screenings which will include your proof of immunization status, TB Test, and yearly seasonal Influenza vaccine.
• Be able to perform the requirements as described in the applicable VolunTeen position description. You will be given a description of duties for each area during orientation.
• Agree to uphold the organizational policies and standards of Regional Health in matters of confidentiality, ethics, conduct, infection prevention, customer satisfaction, dress code, etc. VolunTeens are part of the Health Care Team and must conduct themselves professionally at all times.
• Provide his/her own transportation.

At orientation, you will be given a list of potential workstations. Positions and shifts are limited to current hospital needs. **Note: Application to the program does not guarantee placement.** Every effort is made to match the interests and availability with the needs of the facility.

Your signature below indicates your approval of this teenager’s application to serve as a VolunTeen. If you have further questions, please feel free to contact us at (605) 755-8980 or RCRHVolunteerServices@regionalhealth.org. Thank you for your support.

(Print Students Name) __________________________________________ has my permission and encouragement to participate in the VolunTeen program at Regional Health Rapid City Hospital.

I, (PRINT Your Name) __________________________________________ have read and understand the guidelines of the program and will help my teen abide by them.

_________________________  __________________________
Signature of Parent or Guardian  Date