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Youth Volunteer Program Summer 2014

Thank you for your interest in our Summer Youth Volunteer Program at the VA Medical Center in Marion, IL. Please complete the enclosed documents and return them to our office by 4:00 PM, Friday, May 16, 2014. Incomplete packets will not be considered.

The Youth Program is very competitive. We only select approximately 25 -30 participants each summer. Volunteers are selected based on a variety of factors including GPA, availability and extracurricular activities. Not every teen is accepted and not every work assignment is glamorous or involves patient care.

If selected, you will receive a letter by Thursday, May 30, 2014 with information relating to the orientation scheduled for Wednesday, June 11, 2014. ***In order to attend the orientation, selected applicants must be accompanied by a parent or guardian.***

Thank you again for your interest in the summer volunteer program; I hope you have a great summer wherever you may spend it.

Sincerely,

Douglas Bowers
Voluntary Service Officer

2014 SUMMER YOUTH VOLUNTEER TO-DO LIST

- Complete the individual information form (***parent/guardian must sign***)
- Complete volunteer application (VA Form 10-7055) (***parent/guardian must sign back side of form***)
- Complete the essay (***not necessary if you have previously volunteered at Marion VAMC***)
- Provide 1 **COPY** of your birth certificate (***not necessary if you have previously volunteered at Marion VAMC***)
- Return requested documents no later than **4:00 PM, Friday, May 16, 2014** to the Voluntary Service Office (MOD 6) located on the west side of the medical facility

2014 INDIVIDUAL INFORMATION FORM

Name: _____ T-Shirt Size: S M L XL XXL

Age: _____ (*no exceptions, you must be 14 prior to June 11, 2014*) Phone: _____

E-mail address: _____

Emergency contact person/relation/phone number:

Have you volunteered at the Marion VA Medical Center in the past? _____ Yes _____ No

If yes, which department(s)? _____

Describe any special skills, interest, abilities: _____

Indicate any planned vacation(s): _____

Select up to three days a week to work.

Monday **Tuesday** **Wednesday** **Thursday** **Friday**

Which part of the day would you prefer to work?

Morning (4hrs) **Afternoon (4hrs)** **All Day (8 hrs)**

What will be your mode of transportation to/from the VA? _____

I am in the _____ grade at _____ school and have a GPA of _____

This form and the volunteer application must be returned to Voluntary Service no later than
4 PM, Wednesday, May 16, 2014

Parent/Guardian Signature

