Dear Student:

Please complete the attached application by answering all questions to the best of your ability and as thoroughly as possible. Please remember that all answers given on the student application portion must be completed in your own words. Feel free to type responses and use extra pages as necessary.

Give the form titled “Summer Teen Volunteer Program Reference Form” to a teacher, counselor and/or community person (NOT a family member) who can best evaluate your skill as a student and critical thinker. Ask this person to complete the form and return it to the address listed below (you may return it with your application or both pieces may be submitted separately).

ONLY FULLY COMPLETED APPLICATIONS WILL BE ACCEPTED so be sure to follow-up with your reference and verify she/he has completed all forms. You are also free to contact me, Andrea, at 501.686.5657 to verify that your entire application packet has been received.

A valid and working E-MAIL ADDRESS IS REQUIRED. You will be contacted via e-mail to setup an interview time from one of four prearranged interview dates. All candidates are required to have an interview with the UAMS Medical Center Volunteer Department and only teens having undergone this interview will be admitted into the program.

Note that the summer teen volunteer program will occur in three Monday-Thursday weekly sessions:

- Session I  June 23-July 3
- Session II  July 7-July 17
- Session III  July 21-July 31 (Only open to returning students or students also attending Session I or II).

You may select a session of your choice from the top of your application or select No Preference. In order to be considered for Session III you must have previously participated in the program or be accepted into and attending either Session I or II. You may not be admitted into all three sessions. Students are required to attend their respective session in full and must also attend a mandatory orientation session on June 18. The summer teen volunteer program is open to students who will be age 14 by May 1, 2008.

Please mail all applications to:
Andrea Stokes, Volunteer Coordinator
UAMS Medical Center
4301 W. Markham #527
Little Rock, AR 72205

For further questions, please contact the UAMS Medical Center Volunteer Services Department, 501.686.5657.

Thank you!
I look forward to reading your application!

Andrea C. Stokes
Volunteer Coordinator
UAMS Medical Center
UAMS MEDICAL CENTER
SUMMER TEEN VOLUNTEER PROGRAM APPLICATION
DEADLINE TO APPLY: MAY 1, 2008

 NAME (LAST, FIRST, MIDDLE) ____________________________________________________________

 ADDRESS: __________________________________________ CITY: ___________________________ ZIP: __________

 PHONE: _______________________ E-MAIL (REQUIRED): ____________________________

 SEX/GENDER: ______ BIRTHDAY: ___________________________ SOC. SEC. NUMBER: __________________________


 PARENT/GUARDIAN’S NAME(s): ________________________________________________________

 PARENT/GUARDIAN’S ADDRESS (IF DIFFERENT FROM ABOVE): ________________________________

 CITY: __________________________ ZIP: __________ PHONE: __________________________

 PERSON TO CONTACT IN CASE OF EMERGENCY (IF DIFFERENT FROM ABOVE):

 NAME/RELATIONSHIP: __________________________________________ PHONE: ______________

 PLEASE USE THE SPACE PROVIDED TO ANSWER THE FOLLOWING QUESTIONS. FEEL FREE TO ATTACH ADDITIONAL
 PAPER, IF NECESSARY. PLEASE TYPE OR WRITE NEATLY.

 1) HAVE YOU HAD PREVIOUS VOLUNTEER EXPERIENCE? IF SO, PLEASE EXPLAIN WHAT IT WAS AND WHAT
 YOU LIKED OR DISLIKED ABOUT THE EXPERIENCE(s).

 2) WHY ARE YOU INTERESTED IN VOLUNTEERING AT UAMS?
3) **WHAT SIGNIFICANT SCHOOL OR NON-SCHOOL ACHIEVEMENTS HAVE YOU ACCOMPLISHED?** **PLEASE DESCRIBE JOBS OR DUTIES YOU HAVE AT HOME, AT SCHOOL OR IN THE COMMUNITY THAT DEMONSTRATE YOUR DEPENDABILITY, COMMITMENT AND RESPONSIBILITY.**

**PLEASE HAVE THE ATTACHED REFERENCE FORM COMPLETED AND RETURNED TO THE ADDRESS LISTED BELOW. REFERENCES MAY BE SCHOOL COUNSELORS, TEACHERS OR COMMUNITY LEADERS. REFERENCES MAY NOT BE FAMILY MEMBERS.**

**REFERENCE NAME (First, Last):**

**ACCEPTANCE STATEMENT**

**ALL EXPENSES FOR THE SUMMER TEEN VOLUNTEER PROGRAM WILL BE PAID BY THE UAMS MEDICAL CENTER AUXILIARY. YOU MUST AGREE TO ATTEND THE FULL LENGTH OF THE PROGRAM (2 WEEKS) AND THE MANDATORY ORIENTATION SESSION ON JUNE 18. PLEASE NOTE THAT THIS IS A DAY PROGRAM AND THAT TRANSPORTATION TO AND FROM EACH DAILY SESSION IS YOUR RESPONSIBILITY.**

**SIGNED:**

**DATE:**

**(STUDENT)**

**PERMISSION STATEMENT**

**I HEREBY GRANT PERMISSION FOR MY SON/DAUGHTER TO APPLY TO THIS PROGRAM AND FOR A SELECTED REFERENCE TO REPORT MY CHILD’S ACHIEVEMENT AND GRADES. I UNDERSTAND THAT IF MY DAUGHTER/SON IS ACCEPTED, WE WILL BE RESPONSIBLE FOR HER/HIS DAILY TRANSPORTATION FOR THE TWO-WEEK PROGRAM.**

**SIGNED:**

**DATE:**

**(PARENT/GUARDIAN)**

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**PLEASE RETURN COMPLETED FORM TO:**

**ANDREA C. STOKES, VOLUNTEER COORDINATOR**

**UAMS MEDICAL CENTER**

**4301 W. MARKHAM, #527**

**LITTLE ROCK, AR 72205**

**501.686.5657 (PHONE)/501.296.1072 (FAX)**

**ACSTOKES@UAMS.EDU**

**ALL APPLICATIONS AND RELATED INFORMATION ARE DUE BY MAY 1, 2008**
UAMS MEDICAL CENTER
SUMMER TEEN VOLUNTEER PROGRAM REFERENCE FORM
DEADLINE TO SUBMIT: MAY 1, 2008

STUDENT NAME (FIRST, LAST):________________________________________________________________________________

REFERENCE NAME (FIRST, LAST):______________________________________________________________________________

REFERENCE TITLE:_____________________________________ RELATIONSHIP TO STUDENT:__________________________

REFERENCE ADDRESS:_______________________________________ CITY:_____________________ ZIP:__________________

PLEASE ANSWER THE FOLLOWING QUESTIONS CANDIDLY AND THOROUGHLY. ATTACH ADDITIONAL SHEETS IF NECESSARY. ALL INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL.

1) ON AVERAGE, WHAT TYPE OF GRADES DOES THIS STUDENT MAKE (CIRCLE ONE)? IF KNOWN, PLEASE PROVIDE THE STUDENT’S GPA.

   A+    A    A−    B+    B    B−    C+    C    C−    D    F    UNSURE

   GPA:________

2) WHY DO YOU THINK THIS STUDENT WOULD BENEFIT FROM PARTICIPATING IN THE SUMMER TEEN VOLUNTEER PROGRAM? COMMENTS SHOULD BE MADE REGARDING THE STUDENT’S ABILITIES AND POTENTIAL FOR SUCCESS IN A HEALTH CARE ENVIRONMENT.
3) **IN WHAT AREAS DOES THIS STUDENT STILL REQUIRE GROWTH (MATURITY, ACADEMICS, RESPONSIBILITY, ETC.)?**

4) **CAN YOU THINK OF ANY OTHER PERTINENT INFORMATION NECESSARY FOR THE SELECTION COMMITTEE?**

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**REFERENCE AGREEMENT**

I understand that information provided on this sheet may be used by the selection committee in order to determine a student’s candidacy in the Summer Teen Volunteer Program, but that no information will be shared and all information will remain confidential.

Signed: ___________________________ Date: ___________________________

*(Reference)*

**Please return completed form to:**

**Andrea C. Stokes, Volunteer Coordinator**

**UAMS Medical Center**

**4301 W. Markham, #527**

**Little Rock, AR 72205**

**501.686.5657 (phone)/501.296.1072 (fax)**

**acstokes@uams.edu**

All applications and related information are due by May 1, 2008.