



# SUMMER TEEN APPLICATION

*Eight week Summer Program: June 6, 2022 through July 29, 2022*  
**Acceptance into program based on first-come screening process**  
**Applications accepted Monday 1/3/2022 through Friday 1/7/2022**  
*(Applications received before 1/3/2022 or after 1/7/2022 will be discarded.)*

**For Office Use Only**

Date: 1 / \_\_\_\_ / 2022  
Time: \_\_\_\_ : \_\_\_\_ □AM □PM  
By: □ Hand □ E-mail □ Fax

## Requirements:

- All students must live and attend school in our local community.
- During the 8-week program, teen must commit to one 4-hour shift per week.
- Only one shift can be missed during the entire 8-week summer program. Plan accordingly.
- Missing more than one shift makes teen ineligible to volunteer the following summer.
- On **Wednesday, May 18, 2022**, all teens **must** attend Orientation **from 4:00 to 6:00 PM**. The parent/guardian **must** also attend with first-year volunteers. Orientation will be held via Zoom (link will be sent) or in-person on the Mayo Clinic campus, depending upon Covid guidelines in May.
- **Required training will be provided during first week of the program (June 6<sup>th</sup> through 10<sup>th</sup>) in the teen's respective Service Area.**
- An **e-mail address** that **TEEN** will check frequently for communications from Volunteer Office is necessary.
- Letters of reference are not needed unless and until you receive notification that you have been accepted into the summer program. You will receive a phone call and/or an e-mail no later than mid-February.

**Please print clearly and use only BLUE or BLACK ink.**

## Personal data:

Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*First Middle Initial Last Ages 15-17; must be 15 before 6/6/2022*

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Last 4 of Social Security #: \_\_\_\_\_

Name of school currently attending: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Career goals: ☐ Healthcare or ☐ Other: \_\_\_\_\_

Size for volunteer shirt (**adult sizes**): ☐ I do not need a new shirt as I have one in good condition from previous year.

☐ Ladies ☐ Men ☐ X-Small ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ XX-Large ☐ XXX-Large

## Day(s) of week and time preferred:

Day of Week:	Monday	Tuesday	Wednesday	Thursday	Friday	No Preference
<b>Morning</b> (8 am - 12 pm)						
<b>Afternoon</b> (12 pm - 4 pm)						

**Please give serious consideration to which day(s) and shift(s) work best for you and your family.** If carpooling with sibling/friend, please coordinate preferred day/shift and provide name: \_\_\_\_\_

## Please read and sign below:

All information provided in this application is true and correct, as I understand that giving false or misleading information is grounds for discharge. If accepted into the program, I will comply with all requirements listed above. I further understand that all information provided herein will be kept strictly confidential.

Teen's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 2022

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 2022

Please submit this application by (1) **hand delivery** to the Mayo Information Desk;

(2) **e-mail** to [volunteersmcj@mayo.edu](mailto:volunteersmcj@mayo.edu); or (3) **fax** to (904) 956-1707.

Mayo Clinic • Volunteer Services VS 350N • 4500 San Pablo Road • Jacksonville, FL 32224

*(For questions, please call Volunteer Services at 904-956-0074)*