



# SUMMER TEEN APPLICATION

Six week Summer Program: June 8, 2020 through July 17, 2020  
Acceptance into program based on first-come screening process  
Applications accepted Thursday 1/2/2020 through Wednesday 1/8/2020  
(Applications received before 1/2/2020 or after 1/8/2020 will be discarded)

**For Office Use Only**  
Date: 1 / \_\_\_\_ / 2020  
Time: \_\_\_\_:\_\_\_\_ AM PM  
By:  Hand  E-mail  Fax

**Requirements:**

- **New this year:** During 6-week program, teen may commit to 1, 2 or 3 different 4-hour shifts per week.
- Only one shift can be missed during the entire 6-week summer program. Plan accordingly.
- Missing more than one shift makes teen ineligible to volunteer the following summer.
- On **Wednesday, May 20, 2020**, all teens **must** attend Orientation **from 4:00 to 6:00 PM**. The parent/guardian **must** also attend unless attended in a previous year.
- **Attendance is mandatory during first week of the program (June 8<sup>th</sup> through 12<sup>th</sup>) for training.**
- Must have an **e-mail address** that **TEEN** will check frequently for communications from Volunteer Office.
- Must live and attend school in our local community.
- 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 6/8/2020*

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

**Number of shifts and day(s) of week and time preferred:**

I would like to volunteer for: \_\_\_ 1 shift \_\_\_ 2 shifts \_\_\_ 3 shifts and have marked the boxes below with my preferences.

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: \_\_\_\_ / \_\_\_\_ / 2020

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 2020

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)