



# SUMMER TEEN APPLICATION

*Eight week Summer Program: June 5, 2023 through July 28, 2023*  
**Acceptance into program based on first-come screening process**  
**Applications accepted Tuesday 1/3/2023 through Friday 1/6/2023**  
*(Applications received before 1/3/2023 or after 1/6/2023 will be discarded.)*

## For Office Use Only

Date: 1 / \_\_\_\_ / 2023  
Time: \_\_\_\_ : \_\_\_\_ ☐ AM ☐ PM  
By: ☐ Hand ☐ E-mail ☐ Fax

- 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. Missing more than one shift makes teen ineligible to volunteer the following summer.
- **Must be fully vaccinated against COVID-19, received 2 doses of MMR, and received 2 doses of VZV vaccines.**
- On **Wednesday, May 17, 2023**, all teens **must** attend Orientation from 4:00 to 6:00 PM via Zoom (link will be sent). The parent/guardian **must** attend with first-year volunteers.
- **Required training will be provided during first week of the program (June 5<sup>th</sup> through 9<sup>th</sup>) in the teen's respective Service Area.**
- An e-mail address that the TEEN and PARENT/GUARDIAN check frequently is mandatory.
- You will receive an e-mail no later than mid-February about your application acceptance status. You must provide 3 non-family letters of reference once accepted into the program.

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

## Personal information:

Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*First Middle Initial Last Ages 15-17; must be 15 before 6/5/2023*

Home address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Teen's Phone: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

Teen's e-mail address: \_\_\_\_\_

Parent/Guardian's e-mail address: \_\_\_\_\_

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:

**Please give serious consideration to which day(s) and shift(s) work best for you and your family. There are no weekend shifts available.** If carpooling with sibling/friend, please coordinate preferred day/shift and provide name: \_\_\_\_\_

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 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: \_\_\_\_ / \_\_\_\_ / 2023

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 2023

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. For questions, please call Volunteer Services at 904-956-0074.  
Mayo Clinic • Volunteer Services VS 350N • 4500 San Pablo Road • Jacksonville, FL 32224