



SUMMER TEEN APPLICATION

Summer Program: June 10, 2019 through August 2, 2019
Acceptance into program based on first-come screening process
Applications accepted Wednesday 1/2/19 through Wednesday 1/9/18
(Any application received before 1/2/19 or after 1/9/19 will be discarded.)

For Office Use Only

Date: 1 / ____ / 2019
Time: ____:____ □AM □PM
By: □ Hand □ E-mail □ Fax

Requirements:

- Only one 4-hour shift can be missed during the entire 8-week summer program. Plan accordingly.
- Missing more than one 4-hour shift makes you ineligible to volunteer the following summer.
- On **Wednesday, May 22, 2018**, all teens **must** attend Orientation from **4:00 to 6:00 PM**. The parent/guardian **must** also attend unless attended in a previous year.
- Must attend Training Day on **Monday, June 10, 2019 at 8:30 am**.
- 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 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 6/10/19

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: _____

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 of week and shift preferred:

Please give serious consideration to which day and shift works best for you and your family. Please mark boxes below with a 1 for your first choice, 2 for your second, and 3 for your final choice of the day and shift preferred.

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

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: ____ / ____ / 2019

Parent/Guardian's Signature: _____ Date: ____ / ____ / 2019

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

(2) **e-mail** to 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)