



Norman Regional

TEEN HERO VOLUNTEERS

Sponsored by: Norman Regional Hospital and Norman Regional Health Foundation

Dear prospective teen volunteer:

The Norman Regional Teen Hero Volunteer Program **will accept applications year round for the following deadlines:** Fall Selection - September 17, Spring Selection - January 7, and Summer Selection - April 30.

Our selection committee will review all completed applications. A limited number of applicants will be selected. If selected, applicants will be required to:

- submit immunization records
- have two Tuberculin (TB) skin tests
- attend a two-hour orientation session with parent/guardian
- attend a placement interview
- purchase a \$10 uniform shirt
- pay \$1 annual dues

To apply:

- must be age 14-18 (14 by June 1)
- complete application
- submit a 100 word essay: "Why I would like to be a Teen Hero Volunteer"
- submit a letter of reference (from school or church official)

Return application, along with the essay and letter of reference to:

Norman Regional Health System
Volunteer Services Department
Attention: Teen Hero Program
P.O. Box 1308
Norman, Oklahoma 73070

If you have any questions, you can contact me at by phone (405) 307-2562 or by e-mail at swilliford@nrh-ok.com

Sincerely,

Stephanie Williford
Program Coordinator
Volunteer Services Department
Norman Regional Health System



Norman Regional TEEN HERO VOLUNTEERS

901 North Porter Avenue
Norman, Oklahoma 73070

OFFICE USE ONLY	
START DATE	PLACEMENT
NAME BADGE	DAY
TB TEST	TIME

AUXILIARY TEEN VOLUNTEER APPLICATION

PLEASE PRINT and Complete All of the Following Information.

NAME (LAST, FIRST, MIDDLE)			DATE
STREET ADDRESS		CITY	ZIP CODE
HOME TELEPHONE Area Code: Number:	BIRTH DATE Month: Day: Year:		AGE
FATHER'S NAME	OCCUPATION	TELEPHONE WORK:	HOME:
MOTHER'S NAME	OCCUPATION	TELEPHONE WORK:	HOME:
PERSONAL PHYSICIAN	TELEPHONE	ALLERGIES:	
EMERGENCY CONTACT	DAYTIME TELEPHONE	RELATIONSHIP	
SCHOOL	GPA	GRADE NEXT AUGUST	YEAR GRADUATE HIGH SCHOOL
ORGANIZATIONS CURRENTLY INVOLVED IN:			
HOBBIES:			
SPECIAL TALENTS/LANGUAGES:			
PHYSICAL LIMITATIONS:			
Because of the importance of Teen Volunteer assignments during the summer, please list times you will have to be off (summer school, family vacations, etc.)			
It is most important to be neat and clean at all times. Are you willing to accept:			
Criticism? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does it bother you to be around ill people? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you had chicken pox? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SCHEDULE PREFERENCE			
Days available to work:			
Prefers only office work? <input type="checkbox"/> Yes <input type="checkbox"/> No Shirt Size: _____			

I promise to abide by the rules and regulations of the Teen Volunteer Program as set forth by the Department of Volunteer Services.

Signature

Date

Parents: Please sign the consent below.

Signature of Parent

Date