



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 accepts applications year round and offers orientation in the fall and summer. Please check with the volunteer office for application deadlines.

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) 307-1788 or by e-mail at largo@nrh-ok.com

Sincerely,

Liana Argo
Volunteer Services Coordinator
Norman Regional Health System



Norman Regional

TEEN HERO VOLUNTEERS

901 North Porter Avenue
Norman, OK 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):		EMAIL:		DATE:	
STREET ADDRESS:		CITY:		ZIP:	
HOME PHONE (including area code):		BIRTH DATE (mm/dd/yyyy):		AGE:	
FATHER'S NAME:	OCCUPATION:		WORK PHONE:		HOME PHONE:
MOTHER'S NAME:	OCCUPATION:		WORK PHONE:		HOME PHONE:
PERSONAL PHYSICIAN:	PHONE:		ALLERGIES:		
EMERGENCY CONTACT:	PHONE:		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: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday					
Prefers only office work? <input type="checkbox"/> Yes <input type="checkbox"/> No			Shirt Size: <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL		

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: _____ DATE: _____