



NORMAN REGIONAL

Teen Hero Volunteers

Dear prospective teen volunteer:

The Norman Regional Teen Hero volunteer program is currently accepting applications for the 2022 Summer of Service session held June 6 – August 12. Teens must be available to volunteer 7 of the 10 weeks during the summer. Applications are due no later than **May 2** and will be reviewed in the order they are received.

The Teen Hero program will accept a limited number of applicants based on Health System needs. Our selection committee will review only completed applications. If selected, applicants will be required to:

- attend an interview session
- attend an orientation session with parent/guardian (see dates below)
- submit immunization records
- have two Tuberculin (TB) skin tests
- purchase a uniform and pay dues (total of \$20)
- volunteer at least 7 of the 10 weeks during the summer

The applicant and a parent/guardian must be able to attend one of the following mandatory sessions:

- Tuesday, May 17 @ 5:00pm
- Wednesday, June 1 @ 4:00pm

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/church/extracurricular organization official)

*The letter of reference must be submitted on official letterhead. It must describe how the person is associated with the applicant, how long they have known the applicant, and detail key characteristics of the applicant including leadership skills, working with others, communication skills, etc.

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 are unable to meet all of the requirements listed in this letter, we invite you to apply for the 2023 Teen Hero Summer of Service next spring.

If you have any questions, you can contact me by phone at (405) 307-1788 or by email at lgray@nrh-ok.com.

Sincerely,

Liana Gray
Manager, Volunteer Services
Norman Regional Health System



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901 North Porter Avenue
Norman, OK 73070

OFFICE USE ONLY	
DATE RECEIVED:	DATE INTERVIEWED:

AUXILIARY TEEN VOLUNTEER APPLICATION

PLEASE PRINT and Complete ALL of the following information.

NAME (Last, First, Middle):		TEEN EMAIL:	
STREET ADDRESS:		CITY:	ZIP:
PHONE (including area code):		BIRTH DATE (mm/dd/yyyy):	AGE:
FATHER'S NAME:	OCCUPATION:	PHONE:	EMAIL:
MOTHER'S NAME:	OCCUPATION:	PHONE:	EMAIL:
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.). Keep in mind you must be available to volunteer 7 of the 10 weeks.			
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			
SHIRT ORDER			
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: _____