

Teen Volunteer Summer Program

Piedmont Henry Hospital 2026 Application

2026 Program Dates: **June 8-July 24**
2026 Application Deadline: **Monday, March 16, 2026**

Dear Applicant and Parent/Guardian,

Thank you for considering the Teen Volunteer Program at Piedmont Henry Hospital. This initiative is designed for rising juniors and seniors from high schools in Henry County, as well as the children and grandchildren of Piedmont staff and volunteers. Participants will have the chance to volunteer for a **minimum of 20 hours** over the summer, provided they are pursuing a healthcare pathway, allied health program, or are involved with HOSA.

Teen volunteers generally participate in a **four-hour weekly shift** during the program, working within an assigned department at the hospital. Shifts are offered **Monday through Friday**, typically scheduled either in the morning (**8 a.m. to noon**) or in the afternoon (**noon to 4 p.m.**). The departments that accept teen volunteers change annually, and although we cannot promise specific placements, we make every effort to align assignments with students' interests. Please note that this program is not designed as an internship and does not involve clinical work. Teen volunteers often shadow hospital employees and help with responsibilities such as handling paperwork, restocking supplies, cleaning equipment, and performing other non-clinical tasks. This program will provide teens with the opportunity to observe a hospital work environment directly and consider potential career paths. At orientation, each student will receive a schedule outlining their assigned department for the duration of the program, and students will remain in that department without rotating.

As you consider applying for the Teen Volunteer Program, please ensure you can fully commit to the schedule. We can manage one or two absences for family vacations, sports practices, or other summer responsibilities. However, if you believe you will have more than one conflict during the seven-week duration, we kindly ask you to leave the opportunity open for another applicant.

We are so excited to meet our 2026 class of teen volunteers!

Sincerely,

Sherrita Emerson
Auxiliary Services Specialist
Piedmont Henry Hospital

Who is eligible?

- Applicants must be a rising 11th or 12th grader as of June 1st and in a high school healthcare pathway, allied health program, or in HOSA club
- Applicant must be enrolled in a Henry County High School or be the child or grandchild of a staff member or volunteer
- Applicant must be able to volunteer at least 6 out of 7 weeks during the summer break and work the required minimum 20 hours during that period. The hours can be non-consecutive but a minimum 6-week commitment.

What is required?

- Completed application
- Two reference forms
- One- complete page narrative explaining why you want to volunteer at Piedmont Henry
- Current immunization record
- Documentation of a TB blood or skin test. **Test must be completed by the due date.**
- Copy of insurance card
- Signed Parent/Legal Guardian Agreement
- Signed Code of Conduct (will receive at orientation)
- Attend **Mandatory** Orientation on June 2nd at 9:00 am until 12:00 pm
- \$40.00 Program fee, which includes uniform, due day of orientation. **Cash only.**

How to Apply

- Please print, fill out, and submit your section of the application. You can return it in one or two ways: **Kindly submit all necessary documents in a single email, while references should be sent separately.**
 - Scan and email it to Sherrita Emerson at Sherrita.Emerson@piedmont.org. Please do not send screenshots of documents, that will result in an automatic disqualification.
 - Deliver it in person to the Auxiliary Office located in the Education Building at Piedmont Henry, situated at 1133 Eagles Landing Parkway, Stockbridge, GA. There will be a basket labeled "Teen Volunteer Program" where you can place your application.
- Submit two references using the corresponding forms below. One reference should be from a school leader (e.g., a teacher, coach or principal) and the second should be a character reference from someone who knows you well (e.g., a family friend, neighbor, or pastor). You may submit these in one of two ways:
 - Have your references scan the completed reference form and email it to Sherrita Emerson at Sherrita.Emerson@piedmont.org.
 - Have your references give you the completed reference form **in a sealed envelope**. Drop those sealed envelopes off in-person to Piedmont Henry, with your portion of the application, following the delivery instructions above.

Do not send via Google docs

- All application materials are due by **Monday, March 16, 2026 by 4 pm. No exceptions.**
- You will be contacted at the email address you provide, if you are selected to move forward to an in-person or virtual interview. These interviews will take place mid-April.

2026 Teen Volunteer Application: Applicant Details Form**Deadline: March 16, 2026 by 4 pm**

☐ First Time Teen Volunteer		☐ Returning Teen Volunteer			
Last Name:		First Name:			Middle Initial:
Street Address:		City:		State:	Zip:
Phone:		Sex: ☐ M ☐ F	Birthdate: / /		Age:
E-mail:		School:			Class of:
Do any family members work or volunteer at Piedmont Henry ? If yes, who?			Shirt Size:	Are you a member of? ☐ HOSA ☐ Allied Health	
Do you have a particular area of interest within the medical field? If so, briefly tell us about it:					
Scheduling: Check days/times below you are available to work, between June 8 and July 24.					
Weekday	Mon.	Tue.	Wed.	Thurs.	Fri.
Morning Usually 8 a.m. – 12 p.m.					
Afternoon Usually 12 p.m. – 4 p.m.					
Please list any dates you would be <i>unavailable</i> to volunteer during the program:					
Are you currently participating in, or have you applied to, any other summer programs?					

I certify that the information on this application is true and correct, and any omissions, misrepresentations or false information will be grounds for dismissal as a volunteer. Acceptance as a volunteer is contingent upon satisfactory references and verification of the information submitted. I authorize that all employers, schools or references thus contacted shall be released from all liability in answering inquiries related to my application.

Applicant

Name / Date (Print):

Signature:

Parent/Guardian

Name / Date (Print):

Signature:

Parental Information and Agreement

Name of Parent/Legal Guardian: _____

Home Address: _____

Cell Phone: _____ Work Phone: _____

All Teen Volunteers must be covered by a family hospitalization policy which must be listed below. If it should become necessary to seek medical attention in the Emergency Department, your insurance will be utilized.

Insurance Information: Policy Holder's Name: _____

Policy Number: _____ Company: _____

In case of emergency notify: _____ Cell Phone: _____

Permission hereby granted to treat my child _____ for any problem that might occur while on duty as a Teen Volunteer _____.

Photograph Release

1. I hereby relieve and agree to hold Piedmont Henry Healthcare System, Inc. and its affiliated companies, free and harmless from any and all liability arising out of the interviewing and/or photographing and subsequent publication or broadcasting of such photography. I understand that the interviewing and/or photographs are being carried out with my authorization for the use indicated above and thereby, I assume full responsibility for any subsequent liability arising out of the use of these photographs.
2. I understand that I have a right to request cessation of recording or filming, and I have a right to revoke this authorization in writing within a reasonable time before recording or film is used.

Confidentiality Statement

I understand and agree that, in the performance of my duties as a Youth Volunteer with Piedmont Henry, I must hold patient/medical information in confidence. Information should not be discussed with any individuals, including co-workers, other volunteers, other students, family members, friends, etc. Also, I understand that any violation of this patient confidentiality may result in immediate termination from the Youth Volunteer Program.

By signing this application, I hereby certify that all of the information contained is true to the best of my knowledge. Also, I understand that my acceptance into this program hinges heavily, among other previously listed items, on my ability to commit to the volunteer timeframe outlined above and following the guidelines provided throughout.

Student Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

* Reminder to applicant: You must have one reference from a school leader and one personal reference.

2026 Piedmont Henry Teen Volunteer Application: Reference Form (1 of 2)

Deadline: Monday, March 16, 2026 at 4 pm

How to Return: Reference should scan and email form to Sherrita.Emerson@piedmont.org or return to student in a **sealed envelope**. Call **678.604.1666** with any questions.

Please Print

Volunteer's Last Name:

Volunteer's First Name:

Reference's Last Name:

Reference's First Name:

Reference Email / Phone:

How do you know applicant?

Please candidly describe the following characteristics of the applicant:

Personal appearance:

Maturity:

Ability to get along with others:

Attitude toward taking directions:

Sense of responsibility:

Dependability:

Additional comments:

Reference Signature: _____ Date: _____

* Reminder to applicant: You must have one reference from a school leader and one personal reference.

2026 Piedmont Henry Teen Volunteer Application: Reference Form (2 of 2)

Deadline: Monday, March 16, 2026 at 4 pm

How to Return: Reference should scan and email form to Sherrita.Emerson@piedmont.org or return to student in a **sealed envelope**. Call **678.604.1666** with any questions.

Please Print

Volunteer's Last Name:

Volunteer's First Name:

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Additional comments:

Reference Signature: _____ Date: _____