

# **TEENS WITH HEART**

## 2024 Application

(Deadline: April 26, 2024)

TEENS WITH HEART applicants must be between the ages of 15 and 18 as of June 10, 2024.

### 2024 TEENS WITH HEART APPLICATION

Please mark t	-shirt size: <u>You</u>	th Large Adult S /	<u>Adult M</u> <u>Adult</u>	L Adult XL 2	<u>X 3X 4X</u>
Date:		Birthdate:		Age:	
	l'	ľ	Month/Day/Year		
School Attend	ling:			Current Grade:	
Have you bee	n a previous T	WH applicant? Y /	N Have yo	u been a TWH	before? Y/N
Name:					
	Last	First		Middle	
Preferred Nan	ne:				
Cell #: () _	Ho	me #:( )	Email: _		
Address:					
	Street		City	State	Zip Code
Parent/Guard	ian Name:		BEST	Phone: () _	
Occupation/P Employment:			Email		
Parent/Guard	ian Name:		BEST	Phone: () _	
Occupation/P Employment:			Email		
In case of eme	ergency, notify				
Name:			Relations	ship:	
Best phone: (_	hone: () Alternate phone: ()				
Do you have a		gies or health-relat	ed issues of w	which we shoul	d be aware?
House Charitie	nat the comple es of the Piedn	tion of this section i nont Triad (RMHCP) se check appropria	) get a better i		
Gender:	Male	- emale			
Ethnicity:		erican 🗆 Asian 🗈		☐ Hispanic/La	itino



### 2024 TEENS WITH HEART APPLICATION

Tell us about you, using only this space and the back of this page, if needed:					
Your hobbies, skills, or s	special interests:				
Your clubs or organizati	ons:				
What are your personal	strengths or abilities?				
Why do you want to par	ticipate in our TEENS WITH	I HEART program?			
Give an example of whe organization:	en you have shown dedicati	on and commitment to a	ı cause or		
What is your future drea	am job, following graduation	n from high school or col	lege?		
Students must commit to one week of service, Monday-Friday, 10 a.m. – 2:00 p.m. on their scheduled week.					
Please mark the week(s) below that you will be available to participate. We will select ONE of your choices based upon RMHCPT needs and space availability.					
June 10 - June 14	June 24 – June 28	July 8 – July 12	July 22 – July 26		





- TEENS WITH HEART will receive <u>20 hours</u> of volunteer credit for their participation in the program.
- If you are unable to complete hours during your assigned week of service, there will not be an opportunity to "make up" the hours.
- Be mindful of the reason our families are staying with us and conduct yourself accordingly.
- Cell phones may be brought but should be OFF during service hours, 10 a.m. 2 p.m.
- The TEENS WITH HEART uniform consists of:
  - ▼ SPORT-A-SHIRT (available for purchase at or before start date, \$10 cash, credit card, or check payable to "Ronald McDonald House").
  - Pants or jeans worn at waist height (no below-the-waist pants) with no holes or tears/rips. Shorts that are not any shorter than knee length may be worn. Sweatpants, leggings, and pajama pants are not acceptable.
  - Shoes should be rubber soled (i.e.: athletic/tennis shoes). No open-toed shoes, flip flops, or sandals.
  - No hats.
- The TEENS WITH HEART are involved with RMHCPT operations, to include:
  - Organizing and stocking supplies
  - ♥ Light housekeeping
  - Clerical duties
  - Cooking and baking
  - Yard work
  - Other duties as assigned
- TEENS WITH HEART are required to arrange their own transportation.

#### COVID-19

- All TEENS WITH HEART participants must wear a mask inside the House and will be required to comply with all COVID-19 protocols, including daily temperature check, health screening, physical distancing, and regular hand washing/sanitizing.
- Teens should not attend program if they are sick or have been exposed to sickness.



HEART contract and agree to follow all rules by the Volunteer Services Manager or other providing leadership. I also understand that I regardless of my age.	stherein, along with any instructions given staff members and/or designated interns
TEEN Signature:	Date:
I give permission for my child, RMHCPT TEENS WITH HEART program. I ha child can commit to the time listed.	
Parent/Guardian Signature:	Date:
I give permission for my child,tours, led by the RMHCPT Volunteer Service staff member and designated intern, to delive well as visit areas of interest within Brenner Wake Forest Baptist Medical Center.	es Manager, or other designated RMHCPT ver items to the RMHCPT Family Room as
Parent/Guardian Signature:	Date:
I give permission to the Ronald McDonald Ho (RMHCPT) to make <b>photographs, movie film</b>	<b>n, tapes, or videos</b> of my child,
with such use restricted to utilization by various publications. These may be used without my and may exhibit my child's name.	ous news media and/or RMHCPT related
Parent/Guardian Signature	Date:



### **Important Things to Know:**

Spaces are limited for this popular program (no more than 15 students per week) so submitting your application early is a good idea!

Incomplete applications will not be considered.

Mail or Email application by April 26, 2024.

Mailing Address for TEENS WITH HEART applications:

Caleb Gossett, Volunteer Services Manager Ronald McDonald House Charities of the Piedmont Triad 419 South Hawthorne Road Winston-Salem, NC 27103

If you have any questions, please contact Volunteer Services Manager, Caleb Gossett, at calebg@rmhcpt.org; (336) 970-5651.

