METHODIST HEALTHCARE 2025 SUMMER TEEN PROGRAM - STUDENT REQUEST FORM

Hospital Facility:					
☐ Germantown	□ North	☐ Olive Branch	□ South	☐ University	☐ Other:
Department:	Location (Floor/Suite #):				
Director/Manager:	Phone:				
Signature:					
Student(s) Supervisor – the department individual responsible for training and supervising the teen(s).					
Name: Phone:					
Title:					
Are you requesting a specific teen? Do you require any special skills for this job? How many student(s) are you requesting?					
Please check the days you would like the student(s) to be scheduled.					
Monday	8:30 8:30 8:30	am-3:30pm am-3:30pm am-3:30pm am-3:30pm			
Do you need the same teen(s) for all 4 days? Do the hours listed fit your needs?					
Provide a list of du	ties for the stu	dent(s):			

Please return form no later than April 30, 2025 for consideration. Forms returned after due date will not be accepted.

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