Dear Parents & Prospective 2020 Teen-Age Volunteers (TAV):

The Teenage Volunteer (TAV) Program is managed by the Auxiliary with the endorsement and cooperation of Baptist Medical Center Beaches. Questions about the program should be directed to this year’s TAV Coordinators listed at the end of this letter.

Before completing the attached application for the 2020 Summer Teen Program, please review the following requirements for TAV service. Exceptions are rare so make sure you (parents and teens) confer with each other before submitting the attached application. TAVs:

1. Must be at least 14 and no older than 18 on the first day of service (unless you are beginning 12th grade in August 2020).
2. Return your completed application, including attached teacher recommendations, to our hospital’s Information Desk by March 26, 2020. The Auxiliary members at the Info Desk will date-stamp your application. Mailings should be sent to the address on this letterhead. Be sure to include “Auxiliary” in the address.
3. You will be called to attend a required interview to be scheduled no later than April 17th.
4. Fax or email TB Test results to Baptist Beaches Employee Health (904.627.2471) (Rexena.krivensky@bmcjax.com) no later than May 1st. CONFIRM they’ve been received (904.627.1332).

After final acceptance letters with your assignment are mailed in May:

1. Confirm acceptance by calling or texting a TAV Chair (listed below).
2. Purchase uniform (instructions will be given in acceptance letter in May).
3. Get I.D. badge from Human Resources (Bldg. C, Room #220) the week of June 1 – June 5 between 7:30 a.m. – 4 p.m. but before Orientation. Wear your red Polo shirt for your photo.
4. Attend Orientation on Tuesday, June 9th (9:30am-11:30am) with Lunch & Hospital Tour at noon. Or attend Orientation only on Thursday, June 11th (9:30-11:30am) at the hospital’s Conference rooms A, B & C in full uniform, including I.D. badge. Please put this date in your calendar now. Those who don’t attend cannot participate.
5. Serve a four (4) hour shift weekly for six (6) weeks beginning the week of June 15th and ending the week of July 31st.

PLEASE PUT THESE DATES IN YOUR CALENDAR NOW.

Betsy Thompson, TAV Chair 904-304-6431

SAVE AND CHECK THIS SHEET PERIODICALLY TO MAKE SURE THAT YOU DON’T MISS A DEADLINE!
APPLICATION FOR TEEN-AGE VOLUNTEER PROGRAM 2020

LAST NAME: ________________________________

FIRST NAME: _____________________________ M.________

DATE OF BIRTH: __________________________ CURRENT GRADE LEVEL: ___________

Car-pooling with anyone? If yes, make sure your Placement Requests match. Name: ________________________________

PLACEMENT REQUEST: circle all that apply in both # 1 and 2.

1. Circle days when you are available both in the morning and in the afternoon. Remember, limiting us to one day reduces your chance of being scheduled.

   Monday   Tuesday   Wednesday   Thursday   Friday

2. After reviewing the TAV Service Slots sheet attached, circle your choice below:

   a. Clinical     b. Non Clinical     e. Either a or b

I will attend the TAV orientation as scheduled by the Baptist Medical Center Beaches Auxiliary, provide immunization and TB test documentation, participate for six (6) weeks, purchase khaki slacks & a red polo shirt (TAV uniform), and uphold the standards of the Hospital.

Signature of Applicant__________________________ Date: ____________

I hereby give my permission for my son/daughter to become a member of the Teen-Age Volunteer Program at Baptist Medical Center Beaches. I understand my son/daughter is responsible for working assigned hours and days to a volunteer service assigned by the Teen-Age Volunteer Chairman.

Signature of Parent or Guardian__________________________ Date: ____________
STUDENT’S PERSONAL INFORMATION

Print legibly, please.

LAST NAME______________________________________________

FIRST NAME____________________________________________ M.________

STREET ADDRESS________________________________________________________________________

CITY __________________________ ZIP CODE ______________

TAV’s Email Address ________________________________

TAV’s BEST TELEPHONE CONTACT NUMBER:

Does this contact number accept text messages? □ YES □ NO

This contact phone & email will be shared with service area supervisor or chair and your service TAV team.

PARENTS / GUARDIANS

LAST NAME__________________________ FIRST NAME____________________

RELATIONSHIP________________________

HOME/CELL PHONE______________________ WORK PHONE __________________

LAST NAME__________________________ FIRST NAME____________________

RELATIONSHIP________________________

HOME/CELL PHONE______________________ WORK PHONE __________________

OTHER EMERGENCY CONTACT

NAME______________________________ RELATIONSHIP ______________

HOME PHONE________________________ WORK PHONE __________________
TEEN-AGE VOLUNTEER PROGRAM

MEDICAL WAIVER

(Student name)__________________________ may be a member of the 2020 Teen-Age Volunteer Program at Baptist Medical Center Beaches.

In the event that he/she sustains an injury while actively participating in this program, the undersigned parent/guardian hereby consents to have him/her examined, and treated for such injury by the doctors of the Emergency Medical Group at Baptist Medical Center Beaches at the expense of the parent or guardian.

Signature of Parent of Guardian __________________________ Date____________

Your relationship ______________________________________________________

Home phone/business phone______________________________________________

Witness_______________________________________________________________

Next of kin other than parent (local) ______________________________________

Address_______________________________________________________________

Phone #_______________________________________________________________

MEDICAL INFORMATION

DOCTOR____________________________ CLINIC_________________________

ADDRESS________________________ CITY_____________________________

STATE________________________ ZIP ZODE__________________________

DR. OFFICE PHONE_________________ CLINIC PHONE_________________

AFTER HOURS PHONE______________

MEDICAL CONCERNS__________________________________________________

MEDICATIONS_________________________________________________________
CONFIDENTIALITY & AUXILIARY SCOPE OF RESPONSIBILITY

1) As a volunteer, I may be given access to patients and/or patient names. I understand that all patients have rights to privacy and confidentiality [The Health Insurance Portability and Accountability Act of 1996 (HIPAA)]. I also understand that any information obtained about these patients, including, but not limited to, the fact that they are a patient, is confidential and is not to be discussed under any circumstances, including with family members. Failure to adhere to these conditions may be subject to dismissal.

2) If I am asked if I want to observe any medical procedure, I should ask for parental permission first. Student involvement in medical procedure observation is not part of the Teenage Volunteer (TAV) Program.

3) If any of the application documentation, signatures or information is missing or incomplete, you will be called and asked to pick up your application and resubmit it when it is complete and correct. We do not mail them to your home. Applications that are not picked up will be shredded for your personal information security.

Volunteer (Print name): _______________________________________________________

Volunteer Signature: ____________________________________________________________________________

Date: _______________________________________________________________________________________

Witness (Parent/Guardian): ______________________________________________________________________
I, the undersigned individual, do hereby consent to be videotaped, photographed, recorded and/or interviewed at, by or for Baptist Health, or one of its subsidiary entities (collectively, “Baptist Health”), for archival, educational, advertising, marketing, public relations, fundraising or promotional purposes.

I understand that, once taken, such videotape, photographs, motion pictures, recordings and/or interview notes (the “Materials”) will be the property of Baptist Health and that the Materials may be used by Baptist Health for all such purposes and may be published at any time in or on any media, including, but not limited to, any circular, newsprint, catalog, brochure, publication, Internet or intranet web site or broadcast. I hereby waive any right that I may have to direct the use or publication of the Materials, and waive any claim I may have against Baptist Health (and its affiliates, and their respective members, officers, directors, employees, agents, volunteers and representatives) for payment or royalties in connection with any use, exhibition, televising or publication of the Materials, regardless of whether such use, exhibition, televising or publication is under philanthropic, commercial, institutional or private sponsorship. For the purpose of facilitating any such exhibition, televising or publication, or other archival, educational, advertising, marketing, public relations, fundraising or promotional uses, I authorize Baptist Health’s use and disclosure of demographic and/or biographical information about me, which is reasonably necessary to accomplish such purposes.

I release Baptist Health (and its affiliates, and their respective members, officers, directors, employees, agents, volunteers and representatives) from any and all liability, including, but not limited to, defamation and invasion of privacy, which may arise from, or out of, the obtaining, maintenance, use, publication or other disclosure of the Materials or their good faith reliance upon this Consent. I have entered into this Consent voluntarily and in consideration for the aforementioned access and other consideration sufficient to me. It is my intention that this Consent (and the authorizations and releases set forth herein) be as broad and comprehensive as permitted by applicable law, and I request that this Consent (and the authorizations and releases set forth herein) be construed and interpreted accordingly.

______________________________ __________________________
Signature of Subject (or Name of Subject if Signed Below) Date

______________________________ ______________________________
Printed Name of Subject & Relationship Telephone

Note: If (i) the subject to be videotaped, photographed, recorded and/or interviewed is a minor, such subject’s parent or guardian should consent by signing below, or (ii) if such subject is an adult but unable to consent for himself or herself, then such subject’s guardian, legal representative or attorney-in-fact should consent on such subject’s behalf by signing below:

______________________________ __________________________
Signature of Representative Date

______________________________ ______________________________
Printed Name of Representative & Relationship Telephone
IMMUNIZATIONS & TB TEST RESULTS

ALL NEW VOLUNTEENS MUST ATTACH CURRENT IMMUNIZATION RECORDS FROM YOUR SCHOOL, HEALTH DEPT. OR PHYSICIAN’S OFFICE TO THIS APPLICATION IF YOU WISH TO BE CONSIDERED FOR THE PROGRAM. THOSE RECORDS MUST INCLUDE:

MMR (measles, mumps, rubella – 2 doses)

CHICKEN POX (varicella – 2 shots OR physician proof of disease) Please Note: We do not accept history of Varicella disease. It must be a vaccination or a Varicella Titer.

TDaP (tetanus/diphtheria/pertussis)

HEPATITIS B SERIES (3 shots)

ALL TEENS (new and returning) WHO ARE ACCEPTED INTO THE PROGRAM, MUST PROVIDE CURRENT TUBERCULOSIS (TB) TEST RESULTS NO LATER THAN MAY 1st via Beaches Baptist Employee Health fax (904.627.2471) or email (Rexina.krivensky@bmcjax.com). Call 904.627.1332 to confirm they received your results. You do not have to wait a year to be tested (per Beaches Medical Center Baptist Employee Health).

Hospital assignments require a certain degree of physical ability. However, our Teenage Volunteer Chair makes every effort to assign each teen who applies.

Are there any accommodations or limitations that we should be aware of when assigning your child/you to an area of volunteer service? NO _____ YES _______

(If we find that your child needs special accommodations not listed and we are not able to accommodate him/her in our program, we will contact you so that you can find volunteer options elsewhere.)

CLARIFY: ________________________________________________________________

PLEASE SIGN BELOW TO ACKNOWLEDGE THAT YOU UNDERSTAND ALL REQUIREMENTS.

PARENT: __________________________________________ DATE: ____________

TEEN: __________________________________________ DATE: ____________
ADDITIONAL DOCUMENTS TO ATTACH TO THIS APPLICATION:

Copy # 1 – please give this to one of your two recommending teachers so that he/she knows the information we need. Attach the recommendation to your application BEFORE you give/send it to us. Teachers should:

1. Use school letterhead.
2. Give the student’s name.
3. Tell how you know the student (teacher, mentor, coach, etc.).
4. Tell the length of time you have known the student.
5. Give your reasons for recommending the student, including, but not limited to:
   a. maturity
   b. attitude
   c. classroom or activity performance
   d. ability to get along with others
   e. ability to accept constructive criticism, if necessary, and improve performance.
6. Add other information that you feel is significant.
7. Print your name and sign.
8. Date your recommendation.
9. Add your school contact information.

Thank you for your willingness to help in this student volunteer process.

Betsy Thompson, TAV Chair
Baptist Medical Center Beaches
904-307-6431 betsyt06@att.net

Jane Rooney, TAV Vice Chair 904-651-4080 jocrooney@yahoo.com

Connie Miller 904-514-8070 cdmillerotr@gmail.com
ADDITIONAL DOCUMENTS TO ATTACH TO THIS APPLICATION:

Copy # 2 – please give this to one of your two recommending teachers so that he/she knows the information we need. Attach the recommendation to your application BEFORE you give/send it to us. Teachers should:

1. Use school letterhead.
2. Give the student’s name.
3. Tell how you know the student (teacher, mentor, coach, etc.).
4. Tell the length of time you have known the student.
5. Give your reasons for recommending the student, including, but not limited to:
   f. maturity
   g. attitude
   h. classroom or activity performance
   i. ability to get along with others
   j. ability to accept constructive criticism, if necessary, and improve performance.
6. Add other information that you feel is significant.
7. Print your name and sign.
8. Date your recommendation.
9. Add your school contact information.

Thank you for your willingness to help in this student volunteer process.

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