Dear Parents & Prospective Returning 2019 Teen-Age Volunteers (TAV):

You are receiving this letter because you served the required number of hours last year. Some of you "outdid" yourselves. Thank you. If you would like to return in summer 2019, you just need to complete the one page Returning TAV 2019 form included in this mailing. You do not have to complete a full application like you did the first year you applied.

Before you do that, please decide if you will have the time this summer for 6 weeks of volunteering. You may not miss orientation or the first week, which is training week.

**You must be able to complete the following:**

Return your completed application to our hospital’s Information Desk by Friday, **March 8th**. The Auxiliary members at the Info Desk will date-stamp your application. If you mail your application use the address above include “Auxiliary - TAV”.

- Fax TB Test results to BMC Beaches Employee Health (904.627.2471) no later than **May 1st**. CONFIRM they've been received (904.627.1332) to ensure your spot. (Final acceptance letters with your assignment will be mailed in May.)
- Purchase uniform, if necessary (same as last year).
- Get your I.D. from Human Resources (Bldg. A, Room # 214) the week of June 3 – June 7 between 7:30 a.m. – 4 p.m. **before** Orientation day. Please wear your red Polo shirt for your photo.
- Attend Orientation dressed in your complete uniform, including badge, either on June 11\(^{th}\) (9:30 – 11:30) with Noon Lunch & Tour or June 17\(^{th}\) (9:30 – 11:30) at the hospital’s Conference rooms A, B & C. Put this date in your calendar now. Those who don’t attend cannot participate, including Returning TAVs.
- Serve a four (4) hour shift weekly for six (6) weeks beginning the week of June 17\(^{th}\) – 21st and until the week of July 29\(^{th}\) – August 2\(^{nd}\).

**PLEASE PUT THESE DATES IN YOUR CALENDAR NOW. QUESTIONS that aren’t answered above?**

Last name begins with A – G call or text Jim McAllister (207)-232-1590

Last name begins with H – O call or text Jane Rooney (904) 651-4080

Last name begins with P – Z call or text Suzie Maltz (914) 523-3229

SAVE AND CHECK THIS SHEET PERIODICALLY TO MAKE SURE THAT YOU DON’T MISS A DEADLINE!
RETURNING STUDENT
APPLICATION FOR TEEN-AGE VOLUNTEER PROGRAM 2019

NAME__________________________________________ BIRTH DATE________________

BEST CONTACT # __________________ CUR. GRADE LEVEL_________ AGE ______

TAV’s Email address __________________________________________

DOES YOUR PRESENT PHYSICAL CONDITION RESTRICT YOUR PERFORMANCE OF CERTAIN JOBS? IF YES, EXPLAIN_____________________________________________

Car-pooling with anyone? Name: __________________________________________

PLACEMENT REQUEST:  circle all that apply.

Circle days when you are available both in the morning and in the afternoon.  Scheduling is too difficult if you limit us to only a morning or an afternoon (or only one day).

Monday Tuesday Wednesday Thursday Friday

Return to the same service as last summer?: ___________ YES _____________ NO

(If you answered “Yes” for # 2, you do not have to answer # 3.

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

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

e INCLUDED IN THIS MAILING ARE DESCRIPTIONS OF TAV Service Slots (opportunities) and important dates for your calendar.

If I am accepted for Teen-Age Volunteer services, I will attend the orientation as scheduled by the Baptist Medical Center Beaches Auxiliary, provide TB test documentation, work 6 weeks from June 17th – August 2nd and uphold the standards of the hospital. I understand that I am responsible for the purchase of my uniform.

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 Teenage Volunteer Coordinator.

Signature of Parent or Guardian _________________________________ DATE: __________
Dear Parents & Prospective 2019 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 2019 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 2019).
2. Return your completed application, including attached teacher recommendations, to our hospital’s Information Desk by March 28, 2019. 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. Attend a required interview to be scheduled no later than April 15th.
4. Fax TB Test results to Baptist Beaches Employee Health (904.627.2471) 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. A, Room #214) the week of June 3 – June 7 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 11th (9:30am-11:30am) with Lunch & Hospital Tour at noon. Or attend Orientation only on Monday, June 17th (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 17th and ending the week of August 2nd.

PLEASE PUT THESE DATES IN YOUR CALENDAR NOW.

QUESTIONS?? Contact Suzie Maltz, TAV Chair 914-523-3229

Jane Rooney, TAV Vice Chair 904-651-4080 or James McAllister 207-232-1590

SAVE AND CHECK THIS SHEET PERIODICALLY TO MAKE SURE THAT YOU DON’T MISS A DEADLINE!
APPLICATION FOR TEEN-AGE VOLUNTEER PROGRAM 2019

LAST NAME: ___________________________________________________________

FIRST NAME: __________________________________________________________

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/Nursing   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____________________________________________________________

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 2019 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 CODE_______________________

DR. OFFICE PHONE_______________ CLINIC PHONE__________________

AFTER HOURS PHONE______________

MEDICAL CONCERNS______________________________________________

MEDICATIONS_____________________________________________________

Page 3 of 6
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): ____________________________________________________
EMPLOYEE/VOLUNTEER/PROFESSIONAL STAFF
CONSENT TO BE VIDEO TAPE, PHOTOGRAPHED, 
RECORDED AND/OR INTERVIEWED

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 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). 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.

Suzie Maltz, TAV Chair
Baptist Medical Center Beaches
914-523-3229 suzanne.maltz6@gmail.com

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

James McAllister 207-232-1590 jim@profplanllc.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.

Suzie Maltz, TAV Chair
Baptist Medical Center Beaches
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