



Hello!

Please, fill out the attached application for the Summer 2024 Baptist VolunTEEN program. The completed application and all attached documents must be turned in **NO LATER THAN** Friday, March 8th by 4:00pm to the Human Resources Office. Please drop off in person or sent vial postal service.

Baptist Medical Center South

Attn: Community Relations

1450 Old St. Augustine Road

Jacksonville FL, 32258

Late applications will NOT be accepted.

Applications submitted via email will NOT be accepted.

Applications with missing documents will NOT be accepted, see page 6 for checklist.

QuantiFERON TB Gold results are required pending acceptance into the program. Please, wait until determination letters have been sent to complete.

Student Email Address: _____

Parent Email Address: _____



2024 SUMMER VOLUNTEEN PROGRAM

APPLICATION PACKET

**The complete application is due back to the
Human Resources department at Baptist South
no later than 4:00 pm on
Friday, March 8th.**

Late applications will not be accepted.

**Baptist Medical Center South
Attn: Community Relations
14550 Old St. Augustine Road
Jacksonville, FL 32258**

***Please refer to page 6 for checklist of items to submit.**

Dear Students and Parents:

VERY IMPORTANT: PLEASE READ

If you are selected as a participant in the VolunTEEN Program, **100% attendance is required. Including the mandatory orientation.**

There will be three opportunities to volunteer this summer:

Group 1 will participate Monday-Thursday from June 10th – June 20th

Group 2 will participate Monday-Thursday from July 8th – July 18th

Group 3 will participate Monday-Thursday from July 29th – August 8th

Please confirm your family's vacation plans prior to submitting your application.

Baptist Medical Center South is offering the VolunTEEN Program as an aid to students in the selection of a career or as an opportunity to serve others. Students who desire an exciting opportunity to develop valuable skills and work experience are encouraged to apply. Working side-by-side with the Baptist South volunteers and staff, the Volunteers participate in a variety of roles that offer learning experiences in public service and supervisory relationships in the health care setting. Along with the obvious educational benefits, the Volunteer can also look forward to the personal satisfaction that comes from giving their time in community service and a personal contribution to the care of patients. The service rendered by Volunteers is on a volunteer basis (non-pay). The hospital assumes no obligation to provide future employment to a Volunteer.

- ✓ Applicants must be at least 15 years old by May 1, 2024 and have completed the ninth grade. A copy of your birth certificate is **required** and needs to be submitted with the application.
- ✓ **Mandatory** education and training will be held on Thursday, June 6th from 9:00 am – noon for Group 1, Wednesday, July 3rd from 9:00 am – noon for Group 2, and Thursday, July 25th from 9:00 am – noon for Group 3. Teens will work from 8:30 am – 12:30 pm each Monday through Thursday of their two week program.
- ✓ The applicant is responsible for returning the attached application to Community Relations (located inside the Human Resources office) at Baptist South no later than 4:00 pm, March 8th, 2024. The application must be filled out in its entirety and signed by a parent or guardian before submitting. You will be contacted by phone to schedule a personal interview. All interviews will be completed by April 19th and letters of acceptance will be sent in the mail. If you have any questions, please call 904.271.6081. **Incomplete applications** will not be accepted or considered.
- ✓ A copy of the applicant's immunization record must be attached to the application when it is submitted. Please refer to page 4 for immunization requirements. Documentation from your physician must be received prior to orientation day or you will be excused from the VolunTEEN program.

PARENT'S RELEASE

I have read and understand the requirements for my child serving as a Volunteer at Baptist Medical Center South. I give permission for my child to participate in the VolunTEEN Program. I will cooperate with those directing this program by encouraging my child to be faithful in performance of duties by committing to 100% attendance, **including the mandatory orientation.**

Parent or Guardian's Signature_____
Date_____
Applicant's Name (please print)



2024 Summer VolunTEEN Application

(Please print and write legibly)

Name _____ Birth Date _____
(First) (MI) (Last)

Address _____ E-mail _____ Phone # _____

City _____ State _____ Zip _____ Grade Completing _____

Father's Name _____ Occupation _____ Day Phone _____

Mother's Name _____ Occupation _____ Day Phone _____

School Presently Attending _____ Career Ambition _____

Hobbies/Sports/Extra-Curricular Activities _____

What specifically do you hope to gain from your volunteer experience? _____

Why are you interested in hospital volunteer work? _____

Are you planning to volunteer or work anywhere in addition to Baptist South? (Please circle) YES or NO

If yes, where/when _____

Is anyone in your family employed at any Baptist Health facility? (Please circle) YES or NO

If yes, Family Member's Name _____ Location _____

Please choose 5 of the following departments and rank them in order of your preference, 1 through 5 (with 1 being the most desired department). While we cannot guarantee that we will be able to place you in your most desired department, we will try our best to accommodate your preferences.

Rehab ____ Registration ____ Radiology/Imaging ____ Laboratory ____ Surgical Services ____

Emergency ____ Medical Records ____ Cardiopulmonary ____ Receiving ____ Patient Care Units ____

AS A TEEN VOLUNTEER, I UNDERSTAND THAT I AM REQUIRED TO:

1. be at least 15 years old by May 1, 2024 and have completed the ninth grade.
2. have a minimum 3.0 grade point average.
3. have written consent from a parent or guardian.
4. have a written recommendation from a school guidance counselor, dean, teacher or principal who has worked with me in a supervisory capacity (see highlighted box at top of third page of application).
5. follow all hospital rules and regulations as discussed in Orientation and Training.
6. work each day I am assigned for the entire 2 week program, 100% attendance is required.
7. contact the VolunTEEN coordinator IMMEDIATELY at 904.271.6081 in the event of an emergency, regarding any absences from duty. Failure to do so may result in dismissal from the VolunTEEN Program.

Applicant's Signature _____ Date _____



2024 Summer VolunTEEN Schedule

Schedules for each group of Volunteens are listed below. Please indicate which schedule you are interested in. If you are interested in multiple schedules, please rank your preference.

_____ Group 1

- Volunteens will work Monday through Thursday from 8:30 am – 12:30 pm.
- The two-week program runs from the week of June 10th through June 20th.
- Mandatory orientation will be held on Thursday, June 6th from 9 am – 12 pm, in the Azalea Conference Room.
- 35 VolunTEEN credit hours will be earned upon successful completion of the program.

_____ Group 2

- Volunteens will work Monday through Thursday from 8:30 am – 12:30 pm • The two-week program runs from the week of July 8th through July 18th.
- Mandatory orientation will be held on Wednesday, July 3th from 9 am – 12 pm, in the Azalea Conference Room.
- 35 VolunTEEN credit hours will be earned upon successful completion of the program.

_____ Group 3

- Volunteens will work Monday through Thursday from 8:30 am – 12:30 pm • The two-week program runs from the week of July 29th through August 8th.
- Mandatory orientation will be held on Thursday, July 25th from 9 am – 12 pm, in the Azalea Conference Room.
- 35 VolunTEEN credit hours will be earned upon successful completion of the program.

CONFIDENTIALITY AGREEMENT

As a member of the Baptist South VolunTEEN program, you may have access to confidential information about patients and their needs or to information concerning other employees, volunteers or business operations. This knowledge imposes a heavy responsibility on you. You have an obligation not to reveal such information under any circumstances outside your assigned duties.

Only physicians, or persons authorized by a physician, may divulge laboratory, medical and surgical findings to the proper persons. Carelessness leading to release of information about patients is ethically wrong and could involve the offending employee, volunteer, and Baptist Medical Center South in legal difficulties.

Requesting autographs and gathering in waiting rooms or lobbies to see a patient or family member who may be well known is unprofessional and unacceptable at Baptist Medical Center South.

The unauthorized release of confidential information will be cause for immediate dismissal from the program.

I have read and agree to abide by the above statement regarding the release of confidential information.

Applicant's Name

Applicant's Signature

Date

Parent/Guardian's Name

Parent's Signature

Date



SCHOOL RECOMMENDATION

Please attach a written, signed letter of recommendation from a teacher, guidance counselor or other representative from the applicant's school on **letterhead**. Recommendation letters on notebook paper will not be accepted. Please also attach a copy of your most recent report card or progress report stating the applicant's current GPA. A minimum 3.0 GPA is required.

Name and relationship to applicant _____ Length of time known _____

Overall Grade Point _____ School Name _____

MEDICAL RELEASE/PARENT LIABILITY FORM

Emergency Contact _____ Phone # _____

Alternative Contact _____ Phone # _____

Health Insurance Provider _____ Policy # _____ Group # _____

Parent/Guardian – Please check the appropriate statement:

_____ I give permission for immediate emergency medical treatment if my son/daughter should become sick or injured while on VolunTEEN duty at Baptist Medical Center South.

_____ I DO NOT give permission for emergency medical treatment until I have been contacted.

List ALL allergies, medication reactions or other conditions that may need to be known in an emergency.

IMMUNIZATION HISTORY (Documentation must be attached to application)

All teens must provide the Community Relations office with documentation from his/her physician of the following: Written proof of having received two MMR (Measles, Mumps, Rubella) vaccines at least four weeks apart; or proof of titers showing immunity to Measles, Mumps and Rubella • Written proof of having received two Varicella (Chicken Pox) vaccines at least four weeks apart; or proof of titers showing immunity to Varicella. Immunization records are due with the application. QuantiFERON TB Gold test results pending acceptance into the program. These results must be on file prior to orientation, otherwise the teen will not be allowed to volunteer.

Personal Physician _____ Phone # _____

Address _____

Are there restrictions in ability to stand, walk, lift, push or other activity? YES or NO (If yes, please explain)

Explain _____ General State of Health (circle one): Excellent Good Fair Poor

Parent/Guardian Signature _____

Date _____



2024 SUMMER VOLUNTEEN PROGRAM PARTICIPATION AGREEMENT

To be selected as a participant in the 2024 Summer VolunTEEN Program at Baptist Medical Center South, I understand that my service hours will be awarded only through my **satisfactory** participation and completion of the program. I will attend each day concluding with my final service day.

Applicant's Name

Applicant's Signature

Date

Parent/Guardian's Name

Parent's Signature

Date

VolunTEEN Application Checklist

Please be sure that you have the following items before turning in your application:

- ✓ Copy of Birth Certificate
- ✓ Parents Release –page 2
- ✓ 2024 VolunTEEN Application – page 3
- ✓ Review and select a schedule – top of page 4
- ✓ Confidentiality Agreement – bottom of page 4
- ✓ School Recommendation **on letterhead paper**– top of page 5
- ✓ Copy of most recent report card or progress report stating minimum 3.0 GPA – top of page 5
- ✓ Medical Release/Parent Liability Form – middle of page 5
- ✓ Immunization History with attached documentation– bottom of page 5
- ✓ Participation Agreement – page 6
- ✓ Photo Release Form – page 7
- ✓ Proof of a recent QuantiFERON TB Gold test* Do not complete until after determination letters have been sent.

After your application has been received and reviewed you will be called and scheduled for an interview. Interviews will be scheduled in the order in which the application is received. Once all interviews are completed the letters of acceptance will be mailed out. Openings in the VolunTEEN program are **limited**.

The absolute deadline to turn in your application is 4:00 pm on Friday, March 8, 2024.

Please bring the completed application to the Human Resources office at Baptist South or mail to:
Baptist Medical Center South / Attn: Community Relations
14550 Old St. Augustine Road
Jacksonville, FL 32258



VOLUNTEER'S CONSENT TO BE VIDEOTAPED, PHOTOGRAPHED, RECORDED AND/OR INTERVIEWED

As a participant in a volunteer, VolunTEEN or auxiliary program (the "Volunteer Program") at one of the Baptist Health hospitals listed below (the "Hospital"), I, the undersigned individual, understand and acknowledge that (i) I may be granted access to certain areas of the Hospital where videotapings, photographs and/or recordings are being made for healthcare, business, advertising, marketing, media and/or other purposes, and/or (ii) the Hospital may desire to videotape, photograph, record and/or interview me for purposes of promoting the Volunteer Program or the Hospital. Accordingly, in exchange for the opportunity to participate in the Volunteer Program, I do hereby consent to be videotaped, photographed, recorded and/or interviewed while I am participating in the Volunteer Program for the purposes set forth above.

I understand that, once taken, such videotape, photographs, motion pictures, recordings and/or interview notes (the "Materials") will be the property of the Hospital (or, at the Hospital's sole discretion, the journalist, reporter, interviewer, photographer, videographer, technician or news agency creating the Materials) and that the Materials 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 the Hospital or its parent corporation, affiliates, officers, directors, employees, agents and/or volunteers (and, as applicable, the journalist, reporter, interviewer, photographer, videographer, technician or news agency creating the Materials) for payments or royalties in connection with any exhibition, televising or publication of the Materials, regardless of whether such exhibition, televising or publication is under philanthropic, commercial, institutional or private sponsorship.

I release the Hospital and its parent corporation, affiliates, officers, directors, employees, agents and volunteers (and, as applicable, the journalist, reporter, interviewer, photographer, videographer, technician or news agency creating the Materials) from any and all liability, including, but not limited to, defamation and invasion of privacy, which may arise from or out of the obtaining, use or publication of the Materials or any of the foregoing individuals or entities' good faith reliance upon this Consent. This Consent shall be as broadly construed as is permitted by applicable law and shall apply to any videotapings, photographs and/or recordings made throughout the time I participate in the Volunteer Program.

Signature of Volunteer

Date

Printed Name of Volunteer

Address of Volunteer

Note: If the Volunteer is a minor, the Volunteer's parent or guardian must also consent to the foregoing by signing below:

Parent/Guardian Signature

Telephone