



Hello!

Please, fill out the attached application packet for the Summer 2025 Baptist Beaches TAV program. The complete packet and all attached documents must be turned in NO LATER THAN Friday, March 28th by 4:00pm to the Community Relations Office. If you have any questions, please call 904.627.1960

Packets must be dropped off in person.

Baptist Medical Center Beaches

Attn: Community Relations

1370 13th Ave S.

Building A; Suite 118

Jacksonville Beach FL, 32250

Late application packets will NOT be accepted.

Application packets submitted via email will NOT be accepted.

Application packets with missing documents will NOT be accepted. (See page 6 for checklist)

Office directions are located at the end of this packet. Office hours are from 8:00 am to 4:00 pm. Please call 904.627.1960 to ensure someone will be there to greet you or email Adelaina.dirito@BMCJAX.com



**2025 SUMMER TAV PROGRAM
APPLICATION PACKET**

**The complete application is due back
to the Community Relations department
at Baptist Beaches no later than
4:00 pm on Friday, March 28th.
Late applications will not be accepted.**

**Baptist Medical Center Beaches
Attn: Community Relations
1370 13th Ave S.
Building A; Suite 118
Jacksonville, FL 32250**

***Please refer to page 6 for a checklist of
items to return.**



1370 13th Avenue South
 MOB A Suite 118
 Jacksonville Beach, Florida 32250
 Phone: 904.627.1960
<https://www.baptistjax.com/about-us/volunteering>

Dear Students and Parents:

VERY IMPORTANT: PLEASE READ

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

There will be three opportunities to volunteer this summer ~
 Group 1 will participate Monday-Friday from June 16 – June 20.
 Group 2 will participate Monday-Friday from June 23 – June 27.
 Group 3 will participate Monday-Friday from July 7 – July 11.

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

Baptist Medical Center Beaches is offering the TAV 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 Beaches volunteers and staff, the TAV 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 TAV 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 TAV is on a volunteer basis (non-pay). The hospital assumes no obligation to provide future employment to a TAV.

- ✓ Applicants must be at least 14 years old by May 1, 2025.
- ✓ **Mandatory education and training will be held on Thursday, June 12 from 9:00 am – noon for Group 1 & 2 and on Monday, June 30th for Group 3 from 9:00 am - noon.**
- ✓ The applicant is responsible for returning the attached application to Community Relations (located inside MOB A Suite 118) at Baptist Beaches no later than 4:00 pm, March 28th, 2025. The application must be filled out in its entirety and signed by a parent or guardian before submitting. You will be contacted by email to let you know of the determination into the program. If you have any questions, please call 904.627.1960. 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 5 for immunization requirements. Documentation from your physician must be received prior to orientation day or you will be excused from the TAV program.

PARENTS RELEASE

I have read and understand the requirements for my child serving as a TAV at Baptist Medical Center Beaches. I give permission for my child to participate in the TAV 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)



2025 Summer TAV Application
(Please print and write legibly)

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

Address

City State Zip Grade Completing

Phone #

Father's Name Day Phone

Mother's Name Day Phone

School Presently Attending Career Ambition

Why are you interested in hospital volunteer work?

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

If yes, Family Member's Name Location

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

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

- 1. be at least 14 years old by May 1, 2025.
2. have a minimum 3.0 grade point average.
3. have written consent from a parent or guardian.
4. have a written recommendation on letterhead paper from a school guidance counselor, dean, teacher or principal who has worked with me in a supervisory capacity
5. follow all hospital rules and regulations as discussed in Orientation and Training.
6. work each day I am assigned for the entire 1-week program. 100% attendance is required.
7. contact the TAV coordinator IMMEDIATELY at 904.627.1960 in the event of an emergency, regarding any absences from duty. Failure to do so may result in dismissal from the TAV Program.

Applicant's Signature Date



2025 Summer TAV Schedule

Schedules for each group of TAV are listed below. Please indicate which schedule you are interested in. If you are interested in multiple schedules, please rank your preference. Please, mark morning OR afternoon shift.

_____ Group 1

- TAV will work Monday through Friday from **8:00 am – 12 pm OR 12:00 pm - 4:00 pm**
 - Morning: _____ Afternoon: _____
- The one-week program runs from the week of June 16 through June 20.
- Mandatory orientation will be held on Thursday, June 12 from 9 am – 12 pm
- 23 TAV credit hours will be earned upon successful completion of the program.

_____ Group 2

- TAV will work Monday through Friday from **8:00 am – 12 pm OR 12:00 pm - 4:00 pm**
 - Morning: _____ Afternoon: _____
- The one-week program runs from the week of June 23 through June 27.
- Mandatory orientation will be held on Thursday, June 12 from 9 am – 12 pm
- 23 TAV credit hours will be earned upon successful completion of the program

_____ Group 3

- TAV will work Monday through Friday from **8:00 am – 12 pm OR 12:00 pm - 4:00 pm**
 - Morning: _____ Afternoon: _____
- The one-week program runs from the week of July 7 through July 11.
- Mandatory orientation will be held on Monday, June 30 from 9 am – 12 pm.
- 23 TAV credit hours will be earned upon successful completion of the program

CONFIDENTIALITY AGREEMENT

As a member of the Baptist Beaches TAV 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 Beaches 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 Beaches.

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 Average _____ 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 TAV duty at Baptist Medical Center Beaches.

_____ 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 situation. _____

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: • Mantoux TB (Tuberculosis) skin test test • 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. TB skin test results are due prior to orientation **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? (If so, please circle)

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

Parent/Guardian Signature _____

Date _____



2025 SUMMER TAV PROGRAM PARTICIPATION AGREEMENT

To be selected as a participant in the 2025 Summer TAV Program at Baptist Medical Center Beaches, 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

TAV Packet Checklist

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

- ✓ Parents Release –page 2
- ✓ 2025 TAV Application, completed in its entirety– 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 – page 5
- ✓ Medical Release/Parent Liability Form – middle of page 5
- ✓ Immunization History w/ attached documentation– bottom of page 5
- ✓ Participation Agreement – page 6
- ✓ Photo Release Form – page 7
- ✓ Proof of a recent TB will be required AFTER determination letters have been sent out and do NOT need to be turned with application. Upon acceptance additional information will be sent out regarding TB test.

Upon receipt and review of your application, you will be notified via phone or email. Please note that openings in the TAV program are **limited**. While we would like to accommodate all applicants, our capacity is restricted. All applications will be evaluated by the TAV Committee, and decisions will be based on a set of predetermined criteria. Previous participants in the program are not guaranteed readmission. All determination emails will be sent out no later than April 30th.

The absolute deadline to turn in your application is 4:00 pm on Friday, March 28th, 2025.

Please bring the completed application to the Community Relations office at Baptist Beaches:

Any questions please call 902.627.1960 or email Adelaina.dirito@BMCJAX.com



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 videotaping's, 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

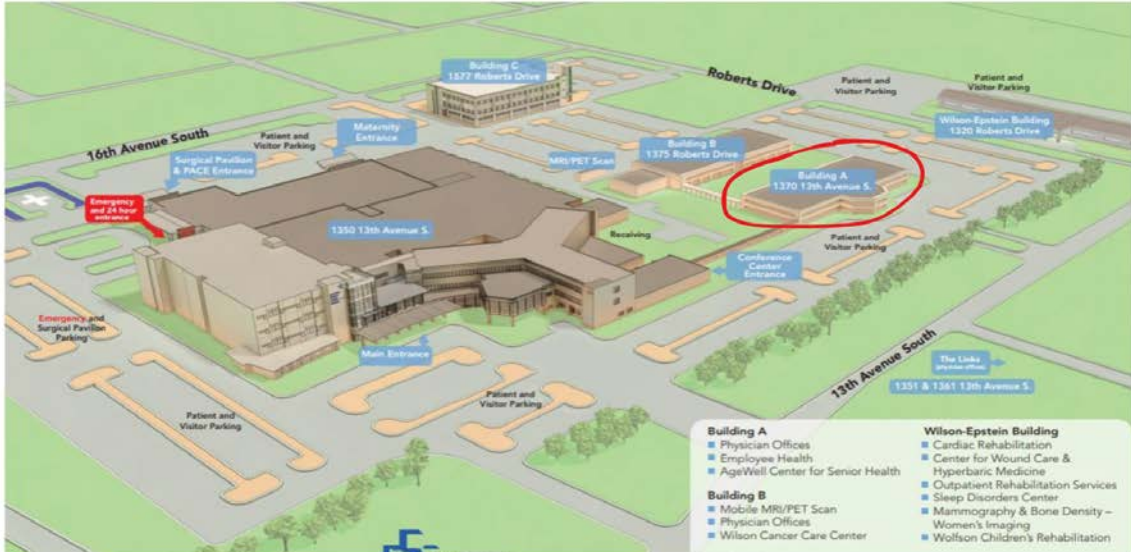
TAV Letter of Recommendation Outline

Below is an outline for students to provide to individuals who have been asked to complete a letter of recommendation. This outline, except for being submitted on letterhead paper, is intended as a guideline and does not need to be submitted along with the recommendation letter.

1. Use school letter head
2. Give students 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 reasons for recommending the student, including, but not limited to:
 - a. Maturity
 - b. Attitude
 - c. Classroom 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 name and sign
8. Date of recommendation
9. School contact information

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

Directions to Community Relations Office
1370 13th Avenue South
Building A; Suite 118
Jacksonville Beach, FL 32250



Passed the main entrance of the hospital there will be a sign for Medical Office Building A on your left -you can park in any spot
 Once you enter the building Suite 118 is located on the right just past the elevators on the first floor. Inside suite 118 there is a white doorbell that is located to the right of the door please ring that bell and someone will come out and assist you.

If you have any issues, please call **904.627.1960**