Teens in Action Volunteer Application

Tanner Health System is an equal opportunity facility and does not discriminate on the basis of race, color, national origin, sex, religion, age, disability, veteran status or any other status protected under local, state, or federal laws.

PLEASE PRINT

Last Name	**First Name**		**Middle**
Address	**City**	**State**	**Zip Code**
Social Security #:		**Birthday**	
Phone Numbers **Cell:**	**Home:**	**E-mail address**	
Driver's License #	**Do you have any health related limitations?** ❍ **Yes** ❍ **No**		
Mother's Name (or legal guardian if applicable): **Contact # in case of emergency: Cell:**		**Work:**	
Father's Name or legal guardian if applicable): **Contact # in case of emergency: Cell:**		**Work:**	

Circle Level of Education: Senior Junior

School you attend: _____

Are you currently enrolled in Health Occupations classes? How many previous Health Occupations classes have you attended? _____

Please list current or past membership in school, church or civic organizations:

_____

_____

Which of these listed have you served in a leadership role: List role

_____

_____

Any previous volunteer work at Tanner Health System? ❍ **Yes** ❍ **No If yes, please provide dates of service**

_____

Please circle days you will be available and time of day:

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Circle the facility you which to apply to do you internship: Carrollton Villa Rica Higgins

Name of your WBL Coordinator or School Sponsor: _____

On an attached sheet of paper please give a brief essay of why you would like to participate in this program and why you feel you would be a good choice as a candidate. Your application will not be considered without this attachment.

Checklist:

- _____ Statement of Understanding signed by parent. Must also be signed by student if age 18 or older
- _____ Parental Permissions signed by parent. Must include student if age 18 or order.
- _____ Protected Health Information Confidentiality Agreement signed by parent and student.
- _____ Proof of immunizations
- _____ Program Description received by student and parent
- _____ Brief essay as described above
- _____ GPA of 3.5 or above (exceptions can be made to this based on leadership activities
- _____ Two letters of recommendation from academic leaders in the school system and two from community leaders. No letters from family members are accepted in this request.
- _____ Zero Tolerance Policy - signed

Student Statement of Participation and Understanding

Commitment Responsibility

I understand that the hospital relies on my commitment. I will cooperate to help assure my attendance on my scheduled days. If I need to be absent, I will call the person whose name appears on the bottom of each work schedule and notify them. If there are repeated violations of this expectation, I understand that I may be subject to being asked to leave the program and the Work Based Learning Coordinator will be notified if you are in a WBL program. This commitment is for the entire school year in which you enroll. It is your responsibility (unless physically unable) to place calls to the work site regarding absences and to communicate any concerns. Obviously we encourage your discussing this with your parents, but our goal here is to facilitate the process of teaching responsibility, accountability and leadership.

Orientation

I understand that very volunteer of Tanner Medical Center, Inc. is required to participate in orientation prior to starting to volunteer. I understand they are trained on required areas of Infection Control, Safety, Biohazard Chemicals, Safety, Codes, OSHA regulations, Diversity, Confidentiality and Compliance, Ethical Behavior, Service Standards, professional behavior and attire while on the job. I understand that I will be expected to do my part to perform these duties according to all the required policies of each of these areas.

Questions and Concerns

I recognize that I have the right to call and discuss any questions or concerns with the Volunteer Services Director at any time during the period I am involved in the program. The number for the Director if 770-836-9757. Problem concerns will be addressed jointly with the WBL coordinator if you are in the WBL program.

_____

Signature of student **Date**

Parent Statement of Understanding

Commitment Responsibility

I hereby permit my child/dependent to join the Teens in Action Program at Tanner Medical Center, Inc. facilities and clinics. This is a non paid Student Intern Program. I understand that the hospital relies on the commitment of my child/dependent, and I will cooperate to help assure their attendance on their scheduled days. If they need to be absent they are to call the person whose name appears on the bottom of each work schedule and notify them. Parents are discouraged from doing this for them. If there are repeated violations of this expectation, they may be subject to being asked to leave the program. This commitment is for the entire school year in which they enroll. It is the responsibility of the student (unless physically unable) to place calls to the work site regarding absences and to communicate any concerns. This facilitates the process of teaching them responsibility, accountability and leadership.

Statement of Understanding of Confidentiality

All information concerning a patient is strictly confidential. Volunteers, as well as hospital employees, have an obligation to refrain from discussing any information relating to a patient's illness or treatment except as related to performance of a volunteer assignment. I agree to refrain from asking my child questions that would cause a violation on their part in regards to confidentiality. Should I ever hear them violating information, I agree to immediately call this to their attention. I further understand that intentional or involuntary violation on the part of my child/dependent may result in immediate dismissal from the program.

I have reviewed with my child the Student expectations and agree to support them in their effort.

Questions and Concerns

I recognize that I have the right to call and discuss any questions or concerns with the Volunteer Services Director at any time during the time my child/dependent is involved in the program. The number for the director is 770-836-9757.

_____

Signature of Parent/Guardian (define relationship) **Date**

Applicant Acknowledgement and Authorization

I hereby certify that all of the information provided by me in this application (or any accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts will be cause for denial or immediate cessation of volunteer placement regardless of the timing or circumstances of discovery.

I agree to abide by the policies and procedures of THS and the Volunteer Services Department at all times and to support the organization's commitment to operate in compliance with all applicable laws. I understand that as a Volunteer I may not accept payment for my services and that I will incur the cost of uniforms and transportation.

I understand that submission of an application does not guarantee acceptance in the program. I understand that this is a non-paid position. I further understand that serving as a volunteer in no way guarantees any future employment by Tanner Health System.

_____ _____/_____/_____

Student Applicant Name **Date**

_____ ____/_____/_____

Parents or legal guardian signature **Date**

Form revised March 2012