

Tanner Teen Institute Summer Program

We are excited and want to thank you for your interest in the Tanner Teen Institute. Volunteers contribute in many ways by providing great customer service to our patients and their families as well as supporting the professional staff.

The Tanner Teen Institute Summer Program runs from June 1st until August 1st. This program is designed to expose student's interested in healthcare access to the operations of an award winning hospital. Volunteers will have a chance to interact with patients, observe clinicians and support hospital staff.

About the Program:

Education Days are informative educational sessions where students are able to engage with other medical professionals. Students will also have the opportunity to learn about different healthcare career pathways and participate educational activities each session.

Previous Education Sessions (included but not limited to):

Public Speaking HR- How To Create A Resume HR- How To Interview Customer Service

Hear from medical professionals in: Pharmacy, Behavioral Health, Emergency Management, Respiratory Therapy, Radiology, Lab, Nursing, Physical Therapy, and Nonprofit Management.

Volunteer Assignments: Each student will be assigned to a volunteer service area. The student will volunteer eight hours a week in the volunteer service area they are assigned.

Examples of Areas of Service (included by not limited to):

Administrative Offices	Nursing Floors	Gift Shop	Information Desk
Short Stay	Emergency Room	Hospitality Cart	Medical Offices

Tanner Teen Institute Summer Program Commitment: Required to attend four Education Sessions and volunteer a minimum of 48 hours.

Verification of Hours: Volunteer hours will be verified and signed off once the minimum commitment is stated above has been met.

Thank you for your interest in the Tanner Teen Institute Summer Program!



Personal Information

Name: _____ Home Phone Number
 Address: _____ () _____ - _____
 City: _____ State: _____ Zip Code: _____ Cell Phone Number
 Date of Birth: ____/____/____ () _____ - _____
 You must be at least 15 years old to volunteer. Email: _____
 Emergency Contact Information: Relationship to Contact: Emergency Contact Phone Number:
 _____ () _____ - _____

Education

Name of High School: _____ School Phone Number:
 School Address: _____ () _____ - _____
 City: _____ State: _____ Zip Code: _____
 School Counselors Name: _____
 What grade will you be in Fall of 2019: _____

Interest

- How did you hear about the Tanner Teen Institute?

- Have you ever volunteered with Tanner Teen Institute before?

- Preferences:
 - One to One Patient Contact: work with patients, providing assistance
 - Limited Patient Contact: Work with patients and/or their families on a limited basis during their hospital experience
 - No Patient Contact: Work with visitors and assist hospital staff members
- Skills: (please check any that you may have)
 - Type _____ WPM Clerical Research Public speaking/ communications
 - Other: _____



Availability

You must be available a minimum of 6 weeks out of the summer.

Education Days: You will be required to attend these Education Days. You must be able to attend all four to be eligible to be in the summer program.

June 4th TMC/Carrollton June 18th TMC/Carrollton July 9th TMC/Villa Rica July 23rd TMC/Villa Rica

Volunteer Assignment:

Please check the Tanner Health System location you prefer to volunteer at. Please put 1 by the facility that is your first choice, 2 by the facility that is your second choice and 3 by the facility that is your third choice.

____ TMC/Carrollton ____ TMC/Villa Rica ____ Higgins General ____ Tanner East Alabama

Please check the day you are available to volunteer for 8 hours.

Monday Wednesday Thursday Friday

Volunteer Uniforms are required:

The Tanner Teen Institute uniform is a volunteer t-shirt, khaki pants and closed toed shoes. Tanner will provide the volunteer t-shirt.

Student T-Shirt Size: _____

References

References should be an adult, not related to you, that you know through school, community, religious institution, or employment.

Name: _____

Phone Number: (____) _____ - _____

How do you know this person? _____

Name: _____

Phone Number: (____) _____ - _____

How do you know this person? _____

Questions:

Please answer the questions below on separate sheet of paper. The answers must be a typed.

1. Provide three reasons why you would like to volunteer with Tanner Health System.
2. What does customer service mean to you?
3. Give two examples which demonstrate you are a dependable person.
4. What qualities do you believe you will bring to a volunteer position?
5. Where do you see yourself in three years?

Tanner Teen Institute Volunteer, I understand I am required to:

- Be a student between the ages of 15 and 18.
- Have a 3.0 (B) grade point average.
- A COMPLETED application with parental/guardian signature and consents.
- Provide two letters of recommendation-
 - One letter from a school counselor with GPA and attendance documentation included
 - One letter from someone in the community or teacher
 - Returning TTI students will not be required to have two letters of recommendation.
 - Please submit your latest reportcard).
- Follow Tanner Health System rules and regulations as specified on the attached liability and teen agreement form.
- Be available 6 weeks of summer. Minimum of 8 hours per week.
- Provide a copy of immunizations and complete a TB test.
- Wear the volunteer uniform.
- Attend Orientation with a parent and a student orientation.

I have fully completed the Tanner Teen Institute application and have read the above listed requirements.

X

Tanner Teen Institute Student Applicant

Date

X

Parent or Legal Guardian of Student

Date



Tanner Teen Institute

Application package

Must be completed and mailed to:

Volunteer Service Department
Tanner Health System
705 Dixie Street
Carrollton, Georgia 30117

By

March 22, 2019

to be considered for acceptance

If you have questions you can call the
Volunteer Services Department
at 770.812.9251.



Medical Release/Parent Liability Form

Name _____

Parent (s)/Guardian _____

Parent(s)/Guardian work phone # _____

Alternate Contact _____ Phone # _____

AGREEMENT AND RELEASE OF LIABILITY

In consideration of my minor child being allowed to participate in the activities and programs of Tanner Health System Volunteens and to volunteer at its facilities, I do hereby waive, release and forever discharge Tanner Health System and its directors, officers, agents, employees, representatives, successors, executors, and all other form and all responsibilities or liability for injuries or damages resulting from my child's participation in any volunteer activities. This includes occasions when my child may be transferred or transported by Health System personnel to various sites owned or operated by Health System or its strategic affiliates. I do also hereby release all of those mentioned and any other acting upon their behalf from any responsibilities of liability for any injury or damage to my child, including those caused by the negligent act or omission of any others not released under this Agreement in any way arising out of or connected with my child's participation in any activities of Tanner Health System.

Parent/Guardian please initial the appropriate agreement statements

_____ I give permission for my child to serve as a Tanner Teen Volunteer

_____ I give permission for immediate emergency medical treatment if needed.
Notify me and/or any person listed above as soon as possible.

_____ I Do Not give permission for emergency medical treatment until I have been contacted.

_____ I give permission for a Mandatory TB Skin Test and I verify my child has not been treated for exposure to tuberculosis or had a previous positive TB Skin Test.

List all allergies, medication reactions or other conditions that may need to be known in an emergency situation: _____

Parent/Guardian Signature

Date

Steps to becoming a Tanner Teen Institute Volunteer

1. **Return: Completed application by mail** before March 22, 2019

Volunteer Services Department
Tanner Medical Center
705 Dixie Street
Carrollton, Georgia 30117

Application package must include:

- The Tanner Teen Institute Application
 - Copy of Immunizations and TB Test.
 - The Parent Medical Release Liability Form
 - Two letters of recommendation.
 - One must be from a school counselor or teacher and include the students GPA and Attendance record
2. After your application has been received by Volunteer Services it will be reviewed. This review process could up take up to three weeks. You will be notified by mail of the status of your application to the Tanner Teen Institute Summer Program.
3. If you are accepted you are required to attend a **Student and Parent Orientation** and **Student Orientation**. If you are not able to attend both orientations it will make you ineligible for the program.

Student/ Parent Orientation will cover:

- The Tanner Teen Institute requirements and benefits
- Tanner Teen Institute student and parent/guardian will be asked to sign the Tanner Teen Institute Confidentiality Agreement.
- Tanner Teen Institute student and parent/guardian will be asked to sign the Tanner Teen Institute Agreement.
- The Tanner Teen Institute applicant will be given information about Policy and Procedures, Health and Safety, Confidentiality and HIPAA to read and become familiar with.
- Information regarding TB testing provided.
- The Student Orientation date and time will be discussed.

Student Orientation will cover:

- ✓ Tanner Teen Institute student will be given a test on policies, procedures and safety.
- ✓ Tanner Teen Institute I.D. badge will be issued at this time.
- ✓ Tanner Teen Institute student will receive their uniform