

APPLICATION

Date:				
Facility you wish to be placed in:				
Are you a returning teen volunteer:	Yes	_ No		
If returning, what year/s did you serve:				
Name:			Date of birth:	
Address:				
City:	State:		Zip:	
Email address:				
Phone number:				
School attending:			Present Grade: _	
Activities/Clubs:				
Hobbies/Skills/Interests:				
Why would you like to volunteer:				
Person/s to call in case of an emergency:				
Name & Relationship:			Phone:	
			Cell:	
Name & Relationship:				
			Cell:	

2025 BAPTIST HEALTH SUMMER TEEN VOLUNTEER APPLICATION

PLEASE CHECK THE DAY(S) and SHIFT (A.M. or P.M.) YOU WOULD LIKE TO WORK. Teen Volunteers must commit to a minimum of one day, one shift (either A.M. or P.M.), per week to qualify for the program. No more than three shifts may be worked in a single week.

		-	worked in a single we	ek.
Schedules will be b	pased on expr	essed need	of departments in the	e hospital/clinic.
A.M. 8 a.m12 p. P.M. 12 p.m4 p.				
Monday	A.M	P.M		
Tuesday	A.M	P.M		
Wednesday	A.M	P.M		
Thursday	A.M	P.M		
Friday	A.M	P.M		
·	Baptist Healtl	-	-	e teens that can consistently work cement, nor are you obligated to
We hereby certify t	hat the inforn	nation given	in this application is	correct.
Signature of Teen Volunteer		Date		
Signature of Parent/Guardian		 Date		

Send all information to your facility of interest:

Baptist East 400 Taylor Road Montgomery, AL 36117 Baptist South 2105 E. South Blvd. Montgomery, AL 36116 Montgomery Cancer Center 4145 Carmichael Road Montgomery, Al 36106 Prattville Baptist
Hospital
124 S. Memorial Drive
Prattville, AL 36067

2025 SUMMER TEEN VOLUNTEER PROGRAM PARENTAL CONSENT FORM

Please read the following information and requirements before signing the consent form:

DEADLINE FOR SUBMISSION OF APPLICATION: April 1, 2025

- 1) In order to qualify to participate in the Summer Teen Program, you must be at least 16 years of age, and submit all forms by the deadline in order to be considered. Incomplete applications will be deemed ineligible for consideration.
 - a. Completed Application with all required signatures
 - b. Most recent report card (overall "B" average required to participate)
 - c. Parental Consent form with required signature/s
 - d. Teacher Evaluation Form filled out and signed
 - e. Current immunization record (from health department or student's pediatrician. Copies are accepted).

Returning teens, which have had their TB test within the last year, are required to schedule time for their annual TB testing. If the teen has history of positive TB skin test then a copy of a chest x-ray report (done within the previous year) is required.

- 2) Your teen's presence at Orientation is mandatory for participation in the program. There will not be a make-up session. Orientation to be announced by the program manager of each facility.
- 3) The first volunteer day will be **June 6**, **2025**. July 4th is an official hospital/clinic holiday so Volunteer Services will be closed that day. All other absences not related to illness during the seven week period must be approved by the Volunteer Manager/Coordinator.
- 4) All teens must purchase a uniform consisting of navy scrubs for all facilities. These may be purchased at Uniformacy or Serendipity in Montgomery, AL, among other places. The uniform may not have any stripes or decorative applications/ prints --- it must be solid. If the store does not have the size you need, they can order for you and it should arrive within about a week. Uniforms should be worn while volunteering or shadowing at the hospital/clinic. Students must also wear scrubs to orientation and graduation. Please note: Hospital/clinic policy prohibits wearing perfume or aftershave while on duty (due to allergies and sensitivities of patients). Jewelry should be small and modest (no large hoop earrings or dangling necklaces --- both of these can pose safety hazards in the healthcare environment.) Artificial nails are also prohibited due to infection control requirements.
- 5) Hospital/clinic policy states the following regarding the use of personal cell phones, camera equipped phones and beepers by employees and volunteers while on duty.

"While at work, personal cellular phones may only be used during designated non-work times and in non-work areas. At all times when on duty, cell phones should be switched off or to silent or vibrates mode. Cell phones should only be answered during non-work times and in non-work areas except in emergency situations. Phones with ear attachments or earphones are not to be worn except during non-work times and in non-work areas.

Personal beepers should be switched off, on silent or vibrate mode during all work hours and in work areas. Beepers should only be answered during non-work times and in non-work areas except in emergency situations.

Baptist Health prohibits employee possession or use of cameras in the workplace, including camera equipped cell phones as a preventive step believed necessary to secure employee/patient privacy."

Volunteer Services requires that teen volunteers lock their cell phones in a secured locker while on duty. Students who violate these policies may be dismissed from the program. Exceptions will be made at the department manager's discretion.

- 6) Teens are expected to work a minimum of one shift per week (with the exception of time off for family vacation, sickness, camp, etc). A shift is either from 8 a.m.-12 p.m. or 12 p.m. 4 p.m. Teens will not be allowed to work over 3 days per week.
- 7) Teens should not come to the Volunteer Workroom any earlier than 30 minutes prior to the beginning of their shift or stay any later than 30 minutes following their shift. The Teen Program leaders, Volunteer Services and the departments where these young people are working are not responsible for supervision outside of the assigned shift times, 8 a.m. to 12 p.m., 12 p.m. 4 p.m. and the 30 minute cushions on either side of the shift.

2025 BAPTIST HEALTH SUMMER TEEN VOLUNTEER PROGRAM PARENTAL CONSENT FORM

I hereby give permission for		to serve as a teena	age volunteer at
Baptist Health according to the rules an	d policies of the hos	spital/clinic. I consider him/he	r mature enougl
to recognize the responsibilities associa	ted with the volunte	er program.	
Signature:			_
Relationship:			-
Address:			_
City:	State:	Zip Code:	_
Work Phone:	Home Phone:		_

2025 BAPTIST HEALTH SUMMER TEEN VOLUNTEER PROGRAM TEACHER EVALUATION

Name:	has expressed an interest in the Summer Teen
Program at Baptist Health.	
In order to evaluate if he/she is appropriate for placer answering the following questions:	ment in a healthcare setting, we need your help by
Teens will not be considered for placement without	an evaluation.
1) Are overall schools grades equal to a B average? _	
2) Do you feel he/she has the emotional maturity and	•
3) Does his/her citizenship record indicate good scho	
4) Other comments that would be helpful in our asses	ssment:
Evaluator's Signature:	Date:
School:	Phone:

Please provide to student in a sealed envelope. Students will be responsible for submitting this confidential evaluation form as part of their application to the Summer Teen Volunteer Program. <u>Students must submit all forms by the deadline of April 1, 2025 in order to be considered for the program.</u>