



Hello!

Please, fill out the attached application for the Summer 2023 Baptist Volun-Teen program. The complete application and all attached documents must be turned in NO LATER THAN Friday, March 17<sup>th</sup> by 4:00pm to the Human Resources Office. Dropped off in person or sent vial postal service.

Baptist Medical Center South  
Attn: Community Relations  
14550 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 5 for checklist)

Student Email Address: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_



## **2023 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 17<sup>th</sup>.  
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 5 for a checklist of  
items to return.**

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 12 – June 22.

Group 2 will participate Monday-Thursday from July 10 – July 20.

Group 3 will participate Monday-Thursday from July 31 – August 10.

**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 Volunteens 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 Volunteen 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 Volunteens is on a volunteer basis (non-pay). The hospital assumes no obligation to provide future employment to a Volunteen.

- ✓ Applicants must be at least 15 years old by May 1, 2023 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 8 from 9:00 am – noon for Group 1, Thursday, July 6 from 9:00 am – noon for Group 2, and Thursday, July 27 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 17, 2023. 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 21st 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.

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## PARENTS RELEASE

I have read and understand the requirements for my child serving as a Volunteen 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.**

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Parent or Guardian's Signature

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Date

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Applicant's Name (please print)



2023 Summer Volunteer Application
(Please print and write legibly)

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

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
Emergency Medical Records Cardiopulmonary
Receiving Patient Care Units Surgical Services

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

- 1. be at least 15 years old by May 1, 2023 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 second 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 Volunteer 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 Volunteer Program.

Applicant's Signature Date



## 2023 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 12th through June 22nd.
- Mandatory orientation will be held on Thursday, June 8th 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 10th through July 20th.
- Mandatory orientation will be held on Thursday, July 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 3

- Volunteens will work Monday through Thursday from 8:30 am – 12:30 pm
- The two week program runs from the week of July 31st through August 10th.
- Mandatory orientation will be held on Thursday, July 27th 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 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 Volunteer 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 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



**2023 SUMMER VOLUNTEEN PROGRAM  
PARTICIPATION AGREEMENT**

To be selected as a participant in the 2023 Summer Volunteer 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

**Volunteer Application Checklist**

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

- ✓ Copy of Birth Certificate
- ✓ Parents Release –page 1
- ✓ 2023 Volunteer Application – page 2
- ✓ Review and select a schedule – top of page 3
- ✓ Confidentiality Agreement – bottom of page 3
- ✓ School Recommendation **on letterhead paper**– top of page 4
- ✓ Copy of most recent report card or progress report stating minimum 3.0 GPA – page 4
- ✓ Medical Release/Parent Liability Form – middle of page 4
- ✓ Immunization History w/ attached documentation– bottom of page 4
- ✓ Participation Agreement – page 5
- ✓ Photo Release Form – page 6
- ✓ Proof of a recent (within the past 3 months) PPD/Mantoux TB skin test results due prior to orientation pending acceptance

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 will be completed the letters of acceptance will be mailed out. Openings in the Volunteer program are **limited**.

**The absolute deadline to turn in your application is 4:00 pm on Friday, March 17, 2023.**

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 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