



Dear Parent and Teen Applicant:

Thank you for your interest in the Lakeland Regional Medical Center Teen Volunteer Program. Attached are several documents that must be completed and returned to the Volunteer Services office **no later** than March 31<sup>st</sup>, 2010.

For many students, this may be the first exposure to the field of patient care services. It is our desire to keep everyone well informed, enthusiastic, and interested in his or her volunteer experience. We're proud that many of our volunteers continue to participate throughout their high school years and pursue medical careers upon graduation.

The following are requirements everyone must meet to be accepted into the Teen Volunteer Program:

1. Complete and notarize the parental consent form and return it with the application form.
2. Furnish proof of 2 Measles/Mumps/Rubella (MMR) Vaccinations (available from your Pediatrician or the Health Department).
3. Schedule an interview (Interviews are held in March and April each year you will be notified of interview dates.)
4. Submit a letter of recommendation from a school Guidance Counselor, Teacher and or Administrator. Please use the form attached.
5. You must be 15 yrs of age by the orientation. *No exceptions*

If we may assist you in any way, please feel free to call the Volunteer Services office at 687-1115.

Sincerely,

LRMC Volunteer Services Staff

# Welcome to the Lakeland Regional Medical Center Teen Volunteer Program

As a member of our Teen Volunteer Program, you will find a personal satisfaction in serving the hospital and our patients as you offer your time and talents. You will have the opportunity to acquaint yourself with a variety of health careers. You will learn new skills and enjoy this adventure into the adult world.

Remember, as a Teen Volunteer you agree to the following commitment.

## I Will Be:

### DEPENDABLE:

- I will be on time for duty. If I am unable to report for duty, I will notify the unit I have been assigned to. (Students assigned to patient care areas or other departments should always call their service area.) I will notify my supervisor or the Volunteer Coordinator in advance of vacation or other scheduled absences.

### COOPERATIVE:

- I will only work the service I am assigned. If I would like to change services, I will discuss this with the Volunteer Coordinator.

### RESPONSIBLE:

- I will wear my name badge at all times.
- I will keep all valuables with me.
- I will report any accidents or incidents while on duty to my supervisor, the Volunteer Coordinator.
- I will go only into parts of the hospital that are assigned to me.
- I will not use my phone while on duty.

### QUIET:

- I will walk and talk quietly in the hallways and rooms.

### PLEASANT AND COURTEOUS:

- I will remember that I am part of the patient care team and thus contribute to the impression others have of LAKELAND REGIONAL MEDICAL CENTER.

### WILLING:

- I will be a willing Volunteer, remaining flexible to serve where needed.

### REMEMBERING:

- I will remember that I am a teenager working in the adult world of medical science.
- As a Teen Volunteer in the hospital, I must observe the same professional ethics as the employees. To the public I appear as a professional. I must act in a professional manner

**I WILL NOT:**

- Sit on a patient's bed.
- Make personal telephone calls while on duty.
- Visit with friends while on duty.
- Bring guests to work with me.
- Use perfume, highly scented powder, cologne or after shave lotion.
- Wear conspicuous make-up or excessive jewelry. *All visible pierced body jewelry other than earrings (i.e. eyebrow or nose rings) must be removed.*
- Chew gum, carry snacks with me, or smoke while on duty.
- Sit in or ride in wheelchairs.
- Play on the elevators.
- Accept tips from patients unless they insist. *Advise them that all donations will be given to our hospital foundation.*

**Be sure to review additional requirements and rules in the Volunteer Handbook you receive during orientation.**

**MEAL AND SNACK BREAKS:**

- You may take a 15-minute break during each 4-hour shift. Please notify your supervisor prior to leaving your service area.
- Do not take your lunch or dinner break during your 4-hour shift. Please arrange to enjoy your meal before or after your shift.
- If you will be volunteering for a full day, you may take a 15-minute snack break during both your morning and afternoon shift. Arrange to take your meal break during a convenient time frame for the service area.
- You will be given a meal for each day that you will be volunteering. You will need to sign in for it in the Volunteer Services Office each day.

**UNIFORM:**

Teen Volunteers are required to wear the red uniform shirt and khaki pants when on duty. Predominantly white tennis shoes should be worn. You may not wear shorts, skorts, any pants made of denim fabric. Capri pants will be allowed as long as they are no more than 4 inches above the ankle.

If you report for duty out of uniform, you will be sent home. If you report for duty out of uniform a second time, you will be released from service.

**SERVICE HOUR REPORTS:**

You will receive a service report and certificate in September with a complete record of your volunteer hours. These reports are based on the information on the sign-in log. **If you do not sign-in, you will not be given credit for the hours unless you call us immediately to correct the error.**

The Volunteer Coordinator or the Director of Volunteer Services can sign Community Service forms.

**DISMISSAL FROM PROGRAM:**

At LRMC, our first concern is for our patients. Volunteers who show disregard for Hospital Policy will be issued a written warning. Subsequent failure to comply will result in dismissal from service.

**PATIENT CONFIDENTIALITY:**

Hospital policy and Federal regulations require all patient information to be kept confidential. Volunteers who breach patient confidentiality will be terminated immediately.

## **VOLUNTEER WORK DURING THE SCHOOL YEAR**

Once you have successfully completed a summer in our Teen Volunteer program, you may return on holidays, hurricane assistance or for other special events during the school year to earn additional service hours. You must call the Volunteer Services office or your volunteer supervisor first to see what needs we have for additional volunteers.

You may also return during subsequent summers if you receive a positive evaluation. Please call the Volunteer Services office by April 1<sup>st</sup> each year to advise us that you will be returning.

All Volunteers are required to attend annual orientation regardless of the number of years they have been in the program.

State law requires that all health care workers (paid and un-paid) must pass an annual Tuberculosis (TB) screening. Returning Teen Volunteers must arrange to have a TB test in our Employee Health office each spring.



DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE – Home \_\_\_\_\_ Cell: \_\_\_\_\_

SCHOOL \_\_\_\_\_ CURRENT GRADE \_\_\_\_\_

YEAR EXPECTED TO GRADUATE \_\_\_\_\_ E-MAIL \_\_\_\_\_

SOCIAL SECURITY \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

PARENT/LEGAL GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

DAYTIME PH# \_\_\_\_\_ CELL \_\_\_\_\_ PGR: \_\_\_\_\_

**IN CASE OF AN EMERGENCY INVOLVING THIS TEENAGER WHILE ON DUTY YOU MAY CONTACT THE FOLLOWING INDIVIDUALS IF PARENT/GUARDIAN IS NOT AVAILABLE**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

I hereby state that my son/daughter is at least **15 yrs of age**. I give my consent for him/her to serve as a volunteer in the Teen Volunteer program at LRMC. I have also read the list of rules and regulations concerning the program, and have discussed them with my son/daughter. He/she understands that breach of patient confidentiality will be cause for immediate termination from the program.

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

App. Received \_\_\_\_\_ Interview date \_\_\_\_\_ Medical Release Received \_\_\_\_\_  
Recommendation Form Rcvd \_\_\_\_\_ Immunization Records Received: \_\_\_\_\_ PPD Completed

## Lakeland Regional Medical Center Teen Volunteer Parental Consent

I understand that my child, \_\_\_\_\_ (print name of child) who is under eighteen (18) years of age and unmarried, has applied for membership as a Teen Volunteer at Lakeland Regional Medical Center (LRMC). I am aware that before serving as a Teen Volunteer, the following documentation or certified proof of laboratory test results must be obtained from the public health department or my child's physician and provided to the Volunteer Office:

1. Documentation of receipt of two (2) doses of MMR vaccine on or after twelve (12) months of age or laboratory evidence of Rubella (German Measles) and Rubeola (Measles) immunity.
2. Documentation of negative Tuberculosis (TB) skin test within the past six (6) months or if TB skin test is positive, documentation of negative chest x-ray within the past twelve (12) months. (If current documentation is not available, TB tests will be administered at no charge by our Employee Health Staff upon acceptance to the program.)

In the event the results of the TB skin test are unavailable, I hereby authorize the administration of a TB skin test to my child by personnel from LRMC's Employee Health Services. If the results of said test are positive, I further consent to having a chest x-ray taken of my child by qualified LRMC personnel.

In the event my child is injured or becomes ill while at LRMC, I hereby authorize LRMC and its personnel to provide appropriate medical care or treatment to my child, as they deem necessary or advisable.

I acknowledge that I have read this consent form in its entirety and understand fully its contents and voluntarily execute it realizing what I am doing by signing it. I further acknowledge that all my questions have been answered to my satisfaction and that I have proper legal custody of my child named above.

(This consent form must be signed in the presence of two (2) Employee Health witnesses or a notary public.)

Date	Parent or Legal Guardian's Signature
Witness	Parent or Legal Guardian's Printed Name
Witness	

State of Florida  
County of \_\_\_\_\_

The foregoing Teen Volunteer Parental Consent form was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, by \_\_\_\_\_ (name of parent or guardian) who is known to me or who has produced \_\_\_\_\_ (type of identification) and who did not take an oath.

Name of Person Taking Acknowledgement
Signature of Person Taking Acknowledgement
Title or Rank
Serial Number, if any



**2. Does this student have the ability to work in an unsupervised situation?**

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**3. To your knowledge has the student had any disciplinary problems?**

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**4. Please comment on the strengths that you feel this student possesses.**

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**5. Please add any additional comments that you feel would be of assistance to the student or Volunteer Services.**

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**Name (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Position/Title:** \_\_\_\_\_

**Organization/School:** \_\_\_\_\_

**Daytime phone:** \_\_\_\_\_