

## 2023 Ascension St. Vincent's Teenage Volunteer Program

Dear Students and Parents,

Thank you for your interest in the Ascension St. Vincent's Teenage Volunteer (TAV) Program.

### **VERY IMPORTANT, PLEASE READ**

**Before completing and submitting this application**, parents/guardians please read the following list of requirements to participate in this program.

- All applicants must be rising 9th through 12th graders, 14 to 17 years of age.
- The applicant is required to turn in their application in its entirety with all required parental/guardian signatures and documentation listed on the application checklist (page 6).
- All applicants must participate in an interview process.
- All applicants must complete a health clearance screening with occupational health. You will be required to provide written proof of the following vaccines.
  - COVID vaccine;
  - two MMR (Measles, Mumps, Rubella) vaccines at least 4 weeks apart or proof of titers showing immunity to Measles, Mumps and Rubella;
  - two Varicella (Chicken Pox) vaccines at least 4 weeks apart or proof of titers showing immunity to Chicken Pox.
  - Tdap vaccine (Tetanus, Diphtheria, and Pertussis) vaccine within the past ten years.

At the time of your health screening appointment, a tuberculosis testing and drug screening will be performed.

- All applicants must attend the mandatory orientation and miss no more than one week of the 6 week summer program. The program will start on Monday, June 12<sup>th</sup> and run through Friday, July 21<sup>st</sup>.

I have read and understand the requirements for my child to serve as a Teenage Volunteer at Ascension St. Vincent's. I give my permission for my child to participate in the 6 week Teenage Volunteer Program and comply with the onboarding health screening requirements. I will cooperate with those directing this program by encouraging my child to be committed fully in the performance of their duties, including attending the mandatory orientation and missing no more than one week of the program.

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Parent or Guardian's Signature

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Parent or Guardian's Printed Name

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Applicant's Name

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Date

Below are some frequently asked questions that will give you some insight into the program.

### **What are the benefits of becoming a Teenage Volunteer?**

- Gain experience working in the healthcare field and help aid in the selection of a future career;
- earn community service hours for school and scholarships;
- learn to handle responsibility, build self-confidence and leadership skills;
- develop valuable job skills, such as customer service, accounting and general administrative work;
- opportunity to serve others and make a positive difference in their lives.

### **What is required of me?**

- We ask that you be dedicated to helping others and commit to the following;
- Complete & submit the application and requested supplemental information (please see checklist on page 6)
- Participate in an interview.
- Provide a copy of your immunization records (see page 1 for requirements) and complete onboarding screening with occupational health.
- Attend the mandatory orientation session held at the beginning of the program.
- Purchase a uniform top (approximately \$20)

### **How many volunteer hours will I get?**

Each student in the program will be scheduled for a minimum of 8 hours per week. All shifts are half days, 8am to noon. There are opportunities to pick up additional days/hours by filling in for other teens while they are out during the six-week program. You can sign up for additional days at the mandatory orientation or throughout the summer as they become available.

### **I plan on taking a long vacation, can I still participate?**

We require that you do not miss more than one week of the six-week program. Failure to disclose an extended vacation before the program begins may result in dismissal.

### **How will my service hours be documented for school?**

You will clock in and out each day that you volunteer. After the program ends, you will receive a letter and a print-out from the tracking system verifying your hours. If you need a form signed, it will be signed at the end of the program.

### **What happens at Orientation and is it mandatory?**

**Orientation is mandatory.** This is your opportunity to meet the other teen volunteers as well as leaders from multiple departments and senior leaders. You will learn about the different departments in the hospital, receive training and have a great time. Bonus volunteer hours will be awarded, and door prizes given away. You will have an opportunity to sign up for additional volunteer days, ask questions, purchase your uniform scrub top and pick up your badge and schedule.

### **How will updates on the program be communicated?**

All correspondence will be by e-mail unless you request a different method. Please check your email for updates regularly. If you fail to respond to the acceptance email in a timely manner, your spot will be given to the next applicant in line.

### **How do I apply?**

- Complete this application and attach all required documentation from the application checklist.
- **Ascension St. Vincent's will begin accepting applications at 8am on February 27, 2023. Applications received before this time as well as any incomplete applications will be rejected.**
- Your application can be turned in at the main information desk of your selected campus between the hours of 8am and 5pm, Monday through Friday. Please note, we do not recommend mailing in your application because spots will fill quickly.

**Office Use Only**

Date Received:

Received By:

**2023 ASCENSION ST. VINCENT'S TEENAGE VOLUNTEER APPLICATION**

Please choose your preferred campus location, your application will be accepted for one location only.

Clay County Campus  
1670 St. Vincent's Way  
Middleburg, FL 32068  
(904) 602-1345

Riverside Campus  
1 Shircliff Way  
Jacksonville, FL 32204  
(904) 308-8355

Southside Campus  
4201 Belfort Road  
Jacksonville, FL 32216  
(904) 296-4799

**APPLICANT**

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apartment / Unit #

City State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**AVAILABILITY**

Days Available:  Monday  Tuesday  Wednesday  Thursday  Friday

Vacation Plans/Dates: \_\_\_\_\_

Have you previously participated in the Ascension St. Vincent's volunteer Program?

Yes  No

If yes, when: \_\_\_\_\_

Are you required to be a volunteer?

Yes  No

If yes, by whom: \_\_\_\_\_

**EDUCATION**

High School Attending and grade for 2023/24 school year:

Hobbies, Sports, Extracurricular Activities, Interests outside of School:

**EMERGENCY CONTACT**

Parent/Guardian: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Day Time #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**If unable to reach the listed person above, Ascension St. Vincent's may call:**

Full Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Day Time #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Day Time #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**HEALTH REPORT - MEDICAL RELEASE/PARENT LIABILITY FORM**

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have any illnesses and/or special accommodations that we need to be made aware of? Yes No

If yes, please describe: \_\_\_\_\_

**Parent/Guardian - Please initial the appropriate statement below,**

\_\_\_\_\_ I hereby, authorize that if the named student sustains injuries or becomes ill while actively participating in the Volunteer program, the undersigned parent/guardian hereby consents to have him/her examined and receive treatment for such emergency conditions by the physicians of Ascension St. Vincent's and the associates of the Emergency Department.

\_\_\_\_\_ I DO NOT give permission for emergency treatment until I have been contacted.

List of ALL allergies, medication reactions or other conditions that may need to be known in an emergency situation. \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Relationship to Applicant

\_\_\_\_\_  
Date

**RECOMMENDATION LETTER**

Please attach one written, signed letter of recommendation on letterhead from someone who has worked with you in a supervisory role. Your references should be from a teacher, guidance counselor, clergy, youth group leader, youth organization leader, employer, etc., not a family member.

\_\_\_\_\_  
Reference name and relationship with applicant

\_\_\_\_\_  
Length of time known

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number(s)

**CONFIDENTIAL INFORMATION**

As a member of Ascension St. Vincent's volunteer 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. We have an obligation not to reveal such information under any circumstances outside our assigned duties.

Only physicians, or persons authorized by a physician, may divulge laboratory, medical or surgical findings to the proper persons. The release of information about patients is ethically wrong and could involve the employee, volunteer and Ascension St. Vincent's 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 Ascension St. Vincent's.

The misuse or violation of security regarding information generated by or stored in information systems will be dealt with promptly, and appropriate corrective action taken.

The Ascension St. Vincent's Policy states, unauthorized release of confidential information will be cause of immediate dismissal from Ascension St. Vincent's volunteer program.

I have read and agree to abide by the above statements regarding the release of confidential information.

_____	_____	_____
Applicant's Name (printed)	Applicant's Signature	Date
_____	_____	_____
Parent/Guardian's Name (printed)	Parent/Guardian's Signature	Date

**PARENT/GUARDIAN AUTHORIZATION**

Mandatory Authorization: Indicate your authorization by initialing each of the following statements. Parents/guardians are required to authorize these statements.

\_\_\_\_\_ I authorize Ascension St. Vincent's to photograph and/or videotape my teen and use the photographs/videos for educational or promotional purposes. The photographs/video may not be used for profit without my expressed permission. I understand that I, nor my teen, will not be paid or rewarded for providing this authorization.

\_\_\_\_\_ I understand that my child will be required to have the required up to date immunization records on file with Ascension St. Vincent's and must complete a health screening through occupational health. Occupational Health will conduct these onboarding screenings/requirements free of charge. If I choose to have my child's TB screening completed through my child's physician or another private lab or office, It will be at my own expense and will be completed within 90 days of the start of the program.

\_\_\_\_\_ I understand that my teen can only volunteer during operation hours of the Volunteer Services office. Ascension St. Vincent's will not be responsible for my teen during other hours.

_____	_____
Parent / Guardian Signature	Parent/Guardian Printed Name
_____	_____
Relationship to Applicant	Date

## PROGRAM PARTICIPANT AGREEMENT

If selected to be in the volunteer program, I understand/agree to the following.

- I am going into the 9th through 12th grade.
- I have written consent from a parent/guardian to participate in this program.
- I will follow all policies and procedures set forth by Ascension St. Vincent's and discussed during the mandatory orientation.
- I will contact the volunteer office immediately in the event of an emergency and I am unable to fulfill my scheduled time/day to volunteer. Failure to do so may result in dismissal from the program.
- I understand that my service hours will be awarded only through my satisfactory participation and completion of the program.
- I hereby certify that all the facts and information listed on this application are true and complete. I understand that any false incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any false, incomplete or misleading information discovered on this application after I am accepted as a volunteer may result in my immediate dismissal.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## APPLICATION CHECKLIST

Please be sure that you have the following items before turning in your application. Incomplete applications will not be accepted.

- Parent/Guardian Requirement/Participation Acknowledgement Signed - page 1
- 2023 program application - page 3
- Health Report - Medical Release/Parent Liability Form signed - page 4
- Confidentiality Statement signed - page 5
- Parent/Guardian Authorization signed - page 5
- Participation Agreement Attached - page 6
- Recommendation letter attached
- Immunization history attached
- Written Statement describing why you decided to volunteer at Ascension St. Vincent's and what you hope to gain from this experience attached.

After your application has been received and reviewed, you will be contacted to schedule an interview. Once all interviews have been completed, the letters of acceptance in the program will be sent out. Openings in the program are limited and will vary depending on the campus.

### Timeline for the Program:

February 27th: Begin accepting applications  
April: Interviews will be conducted, emails will be sent to sign up for interview slots  
April/May: Acceptance letters will be sent  
June 12th: First day of work for the volunteers  
July 21st: Last day of work for the volunteers