



Baptist Health Volunteer Services
1 Trillium Way
Corbin KY 40701
Phone: 606-523-8768
Email: bstewart@bhsi.com
Fax: 606-523-8743

Welcome Teen Volunteer Candidate!

We are very pleased that you are interested in volunteering! You can make a difference as you bring your talents and special personality to help us here at Baptist Health Corbin Volunteer Services.

To complete the volunteer candidate's process, complete the process below and return to Volunteer Services at the above address, the given email, or fax.

- The teens must be between ages 14-17 to volunteer.
- Maintain a B or above in school
- Complete the Application
- Parent/Guardian consent form signature required
- Photo Release form signature required
- Child Transportation Agreement signature required
- Rules for Teens agreement signature required
- Provide a letter from their school Principal or Guidance Counselor on school letterhead verifying good attendance, grade average, discipline and character
- Need a copy of your GPA from your school
- Return the application along with the other required forms Volunteer Services.
- Updated TB test (you can obtain from local Health Department or doctor, record of this must be turned in with application)
- Copy of Vaccination record
- Deadline: All applications must be turned in by April 30th.

If you are accepted into our program, we will contact you for further information.

Thank you for your desire to help and if we can be of any help to you, please let us know.

Sincerely,
Becky Stewart, Volunteer Services
bstewart@bhsi.com
606.523.8768

Volunteer Services Department Teen Volunteer Application

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone _____

Date of Birth: (Year optional) _____ SS Number: _____

In case of emergency, notify: _____ Relationship: _____

Home Phone: _____ Work phone: _____ Cell Phone: _____

Name of School: _____ Present Grade: (Circle) 8 9 10 11 12

Graduation Year: _____ Career Plans: _____

Hobbies, Accomplishments, Skills, Interests, Foreign Languages, Sign Language:

Previous volunteer experience:

What type of volunteer work would you prefer?

How often would you like to volunteer?

On which days are you available to volunteer? _____

List names and phone numbers of two personal references (not related):

Name: _____ Phone: _____

Name: _____ Phone: _____

What influenced you to apply for volunteering at Baptist Health Corbin?

I am between the ages of 14 -17 and maintain a "B" or above average in school. I have a sincere desire to serve my community through volunteering..

Signature of Applicant

Date

Questions or comments? Call us at (606) 523-8768

Approval / Signature Page

Teen Volunteer permission _____ Yes, I give permission for my son/daughter to serve as a Teen Volunteer at Baptist Health Corbin. I fully understand that in the course of his/her duties, my son/daughter may be permitted to enter patient areas of the hospital. I release, discharge and relieve Baptist Health Corbin from all claims whatsoever of any nature arising out of and as a result of his/her service at Baptist Health Corbin.

Child Transportation Agreement _____ Yes, I agree to have transportation available for my child while they participate in the teen volunteer program at Baptist Health Corbin. I will have arrangement made for pick up for each volunteer day. (note: If your teen needs to ride with another teen, or someone else other than a parent, a note of permission must be written by you naming the driver, your child's name, also the date.)

Rules for Teen Volunteers _____ Yes, I have received a list of the teen rules and requirements and understand them. As a teen volunteer at Baptist Health Corbin, I agree to abide to the rules while volunteering.

Release for photography, videography and audio recording _____ Yes, I hereby grant my permission to be interviewed and/or photographed, videotaped or audiotaped by a representative of the media, Baptist Health, or affiliate. I further grant permission to publish the broadcast, interview, photograph, and/or audio recording of me and/or the minor patient or person named below for whom I am giving consent, as described below and for educational, advertising, marketing, fundraising, promotional or public relations purposes. I further waive all rights to receive or collect royalties, proceeds or profits related to such broadcast and/or publication. I agree to release and hold harmless Baptist Health, its directors, officers, agents, and employees from any and all injuries, damages or liability that may arise, directly or indirectly, from my participation in the interview or photographs and from the use of anything I may say or do during said recordings, photography and/or interview. I understand that I have the right to request that filming or recording stop at any time. I also have the right to rescind (or withdraw) my authorization up until a reasonable time before the recording, filming or photo is used. I have read this authorization and release before signing below and have had the opportunity to ask questions. I represent that I fully understand its contents.

Consent for treatment of minor _____ Yes, I, the undersigned, being the parent or legal guardian having care and custody of a minor and a Teen Volunteer at Baptist Health Corbin, in order to induce Baptist Health Corbin to provide said minor with medical or surgical procedures when necessary in case of illness, of or injury to, said minor do hereby authorize and consent to the performance of the staff of the hospital of the procedures and treatment deemed necessary, in its judgment, for the preservation and general welfare of said minor's life, health, and well being. No guarantee, promise or representation has been made by the Baptist Health Corbin as to the results that may be obtained by the procedures and treatment hereby authorized.

Teen Name: (please print): _____

Teen Signature: _____ Date _____

Parent Name (please print): _____

Parent Signature: _____ Date _____

Teen Volunteer Health Record

Our records require proof of health insurance of the above named person and for those Volunteers driving to the hospital, proof of auto insurance. Please provide the following information below:

Name of Health Insurance Company:

Name of Insured: _____

Policy Number/Group Number: _____

Auto Insurance Company: _____

Policy Number: _____

MEDICAL AWARENESS LIST

This information is for your safety of your child in the event of an emergency and is confidential.

Medication if needed _____

Medical condition _____

Primary physician _____ Ph # _____

Primary dentist _____ Ph # _____

If parent can not be reached, list other person (s) to notify in case of an emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

Child Transportation Agreement

Purpose: The Child Transportation Agreement is for the health and safety of your child being transported, and being picked up, after their teen volunteer session begins and ends at Baptist Health Corbin.

- Our Hospital is a business as well as a Health Care facility, and caution must be exercised to keep your child safe.
- Due to Safety issues we cannot have your child be in the hospital unattended without supervision at any time when they are here as a teen volunteer.
- The Volunteer Supervisor must be here in order for the child to volunteer. If the supervisor is not here and has left for the day, the teen cannot be left at the hospital alone. It will be the responsibility of the parent to pick them up or provide someone to be available to pick them up as soon as their volunteer session ends.
- We also ask for a list of persons/phone numbers who are approved to pick up your child.
- If your teen needs to ride with another teen, or someone else other than a parent, a note of permission must be written by you naming the driver, your child's name, also the date.

Rules for Teen Volunteering

- Teens work your scheduled time/days. If you cannot work when scheduled, call the Volunteer office at 606.523.8768 to let us know.
- Sign in and out daily.
- Upon arrival, report to the person in charge of your designated area. Your assigned departments depend on you to be here on time. Stay in your assigned area at all times other than going to lunch and breaks. Inform the person in charge whenever you must leave your assigned area. Teens not roam the hallways as patients are in transport and hallways may be congested. This is for your safety.
- Do adhere to the Teen Volunteer dress code. Wear your uniform in the hospital only on days that you are scheduled to work. If your department requires you to wear scrubs, they will be provided. When you are here as a teen volunteer, you are required to wear your purple shirt with khakis and clean tennis/athletic shoes.
- DO NOT wear scrubs, lab coats or disposable white lab coats without permission from the department director. If you are cold, bring your own jacket or sweater, which must remain open to be able to see your purple shirt, logo and ID badge.
- DO NOT wear your ID badge on your shirt-tail or pants pockets. Must be worn near your shoulder or neckline so patients and others may be able to see it.
- DO NOT use your electronic devices – phone, ipad, blackberry, music player, earbuds, etc. In emergencies, parents call the Volunteer office at 606.523.8768. It is the policy of the hospital, not use cell phones in the presence of patients and our customers.
- DO NOT point or give verbal directions to patients or visitors – walk them where they need to go. If you don't know where they are going, ask an employee for direction.
- DO NOT go into restricted areas (example: Psych). Enter only those areas of the hospital to which you are assigned or instructed to go. This is for your protection.
- DO NOT leave the facility unless you check with the Volunteer Services office or have signed out for the day. We ask that teen volunteers depart the hospital campus at the agreed time for them to leave, as, teens cannot remain in the lobby, halls, or outside. We do not allow the teens outside alone for their safety.
- DO be courteous, kind, respectful towards all patients, visitors and staff at all times. You represent Baptist Health Corbin as well as Volunteer Services, be professional with your attitude and greetings to others.
- Do NOT sit or ride in wheelchairs or on stretchers!
- Do NOT invite friends to the hospital to visit you while you are on duty.
- Do not chew gum while in the hospital. Keep food and drink confined to the cafeteria and break areas.
- Dating while at work is not permitted, neither is touching, kissing, holding hands, this will lead to dismissal. Dating should be done away from our facility and grounds. Act professional at all times.
- Teens, be careful who you get on an elevator with – be cautious of your surroundings. If you feel uncomfortable getting on an elevator or while walking someone somewhere, ask someone to go with you or, in that case, direct them verbally.
- Our hospital is a business as well as a Health Care facility and caution must be exercised at all times. The above must be adhered to at all times. Volunteers will be subject to dismissal if requests and rules are violated.