

Dear Student,

Thank you for your interest in the Lakeland Regional Health Teen Volunteer Program. Attached are several documents that must be completed in their entirety before they are returned to Volunteer Services.

THE PROGRAM WILL NOT TAKE INCOMPLETE PACKETS

This may be your first exposure to the field of patient care services, and we want to keep everyone well informed, enthusiastic and interested in their volunteer experience. We encourage you to continue to participate throughout your school years and perhaps pursue medical careers upon graduation.

Please keep the first 5 pages of this packet for your reference. You can either email the completed application with the requested paperwork to Darcy.King@mylrh.org or mail the packet to:

Lakeland Regional Health Volunteer Services
PO Box 95448
Lakeland, FL 33804

The following are requirements that everyone needs to meet before participating in the Teen Volunteer Program:

1. All high school students must be at least 15 years of age prior to volunteering.
2. Complete and notarize the parental consent form and return with packet.
3. The following three items are required from your Pediatrician's office:
 - a. A letter indicating you are cleared to volunteer and work among patients at Lakeland Regional Health.
 - b. Copy of your up-to-date immunization record. This must include proof of two (2) Measles/Mumps/Rubella (MMR) Vaccinations, Chicken Pox Vaccinations or proof of having Chicken Pox (Varicella).
 - c. Results from a TB test that must be completed within the past 12 months (available from your Pediatrician or the Health Department).
4. Verifiable proof of being fully vaccinated against COVID. A copy of your CDC COVID-19 Vaccination Record Card would be ideal. If exempted, please provide proof of the medical or religious exemption for review.
5. Completed letter of recommendation from your school's guidance counselor, teacher, administrator, Scout leader, employer, or another adult not related to you and not living in your household.
6. All students that submit a completed application will receive a phone call to schedule a face-to-face 20-minute interview.

Please feel free to contact me at 863.687.1115 should you have any questions regarding the process.

Sincerely,

Darcy King, MSML
Manager of Volunteer & Concierge Services

Welcome to the Lakeland Regional Health 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 in addition to learning new skills.

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 Supervisor that I have been assigned to. I will notify my Supervisor or the Volunteer Manager in advance of vacation or other scheduled absences.

COOPERATIVE:

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

RESPONSIBLE:

- I will wear my name badge at all times - only on the upper right side.
- I will not bring valuables with me.
- I will report any accidents or incidents while on duty to my Supervisor and the Volunteer Manager.
- I will only go to areas of the hospital that are assigned to me.

QUIET:

- I will walk quietly in the hallways.
- I will talk quietly in the hallways and when I walk into any rooms in the hospital or campuses.

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 Health**.

WILLING:

- I will be a willing Teen 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, I must observe the same professional ethics as the LRH team members (employees). To the public, I appear as a professional, therefore, I must act in a professional manner at all times.



I WILL NOT:

- Sit on a patient's bed.
- Make personal telephone calls, text, or take photos while on duty. *Cell phones will remain off for the duration of your shifts unless you are on break.*
- 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 must be removed (i.e. eyebrow or nose rings).*
- Chew gum, carry snacks with me, or smoke while on duty. (All Lakeland Regional Health campuses are smoke-free.)
- Sit in or ride in wheelchairs.
- Play on the elevators.
- Accept tips.
- Run in the hallways or anywhere in the hospital.

TIME COMMITMENT:

Ask your school guidance counselor for the Community Service log sheet to keep track of your daily clock-in and clock-out times. You will need to turn in this form to your school after it has been signed by the Volunteer Manager (only the Volunteer Manager can sign this form - not the department you will be volunteering in).

MEALS:

You will receive a meal credit worth \$7.00 for your use on the days you are volunteering. Volunteers are responsible for charges above \$7.00. **Do not** take your lunch or dinner break during your 4-hour shift. Please arrange to enjoy your meal before or after your shift and during a convenient period for the service area where you volunteer. Always let your Supervisor know when you are leaving.

UNIFORM:

Teen Volunteers are **required** to wear the uniform that consists of an LRH polo shirt and khaki/tan colored pants. The cost of the polo shirt is \$20, and will be available for purchase during Orientation. Only closed toe shoes are permitted, including tennis shoes of any color. No shorts, skorts, nor any pants made of denim fabric are allowed. Capri pants are allowed as long as they are not more than 4 inches above the ankle.

You will be sent home if you are not wearing your uniform. Please note you will be released from service if you report for duty not wearing the required uniform for the second time.



SERVICE HOUR REPORTS:

If you do not clock in or clock out, you will not be given credit for your volunteer time unless you contact the Volunteer Manager immediately to correct the error. You are held responsible for keeping track of your daily hours which is a requirement from your school using the Community Service form. You can pick up this form at the school guidance counselor's office.

Remember, only the Manager of Volunteer Services can sign your Community Service forms.

DISMISSAL FROM PROGRAM:

At LRH, our primary concern is our patients. Any Teen Volunteers who show disregard for LRH Hospital Policies and are not respectful to others, will be dismissed from service.

PATIENT CONFIDENTIALITY:

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

MANDATORY TUBERCULOSIS (TB) SKIN TEST:

State law requires that all healthcare workers (paid and un-paid) pass an annual Tuberculosis (TB) screening. These must be administered by your Pediatrician or the Health Department and the results attached with your application submission.

MANDATORY COVID-19 VACCINES:

Students must provide proof that they have been fully vaccinated against COVID-19, or provide a medical or religious exemption that we will review prior to being accepted into the Summer Teen Program. Packet submission without this information will be immediately dismissed.



TEEN VOLUNTEER APPLICATION



Lakeland Regional Health®

1324 Lakeland Hills Blvd • P.O. Box 95448 • Lakeland, FL 33804 • 863.687.1115

PART I: Please complete the application in its entirety. Print neatly.

Date: _____

NAME:

First Name

Middle

Last Name

Address: _____
Address City State ZIP

Phone: Home () _____ Cell () _____

E-Mail Address: _____ (Please Print)

School: _____ Current Grade: _____

Social Security Number: _____ Date of Birth: _____

Parent/Legal Guardian: _____ Phone: _____

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 years old and I give my consent for him/her to serve as a volunteer in the Teen Volunteer Program. He/she understands that breach of patient confidentiality will be cause for immediate termination for the program.

Parent's Signature

Applicant's Signature



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Part II: Please respond to the question below.

WHY DO YOU WANT TO PARTICIPATE IN Lakeland Regional Health's TEEN VOLUNTEER SUMMER PROGRAM?
(Must be completed, and please be specific as to why you want to be part of this program)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



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Teen Program | Parental Consent Form

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 Health (LRH). 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 Pediatrician and provided to the Volunteer Manager:

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 Rubella (Measles) immunity, as well as the Varicella Vaccinations.
2. Documentation of negative Tuberculosis (TB) skin test within the past 12 months or if TB skin test is positive, documentation of negative chest x-ray within the past twelve (12) months along with a clearance letter from our Pediatrician.
3. Proof of being fully vaccinated against COVID-19 or provide a copy of a medical or religious exemption that will be reviewed prior to acceptance into the program.

In the event my child is injured or becomes ill while at LRH, I hereby authorize LRH 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 I have proper legal custody of my child named above.

This consent form must be signed in the presence of a Notary Public.

Parent or Legal Guardian - Signature

Parent or Legal Guardian - Printed

State of Florida
County of _____

The foregoing Teen Volunteer Parental Consent form was acknowledged before me this _____ day of _____ 202____, by _____ (name of parent or guardian) who is personally known to me or who has produced _____ (type of identification).

Notary Signature

Notary Printed Name

Commission Number & Expiration Date



Lakeland Regional Health®



Volunteer Services

RECOMMENDATION FORM: Please return this form to the teen applicant. If you have any questions or concerns, please call the Volunteer Manager at 863.687.1115.

TO THE APPLICANT:

At Lakeland Regional Health, our primary concern is for our patients and their families. It is imperative that all who enter service as a Volunteer appreciate the importance of respecting the rules and structures that govern us. Adult and Teen Volunteers are required to comply with specific regulations to protect the safety and privacy of our patients. We ask for this letter of recommendation from a teacher, counselor, Scout leader, employer, or other adult not related to you and not living in the same household, who can speak of your character and reliability and give us the confidence necessary to include you in our Program.

_____ is applying for the LRH Teen Volunteer Program.
(Print applicant's Name)

TO THE EVALUATOR:

In order to assist us in evaluating the applicant above for admission to the Lakeland Regional Health Teen Volunteer Program, we would appreciate your responses to the following questions. Comments, which may be viewed as other than positive, will not necessarily preclude a student's admission to the program.

1. Please comment on the character, attitude and emotional maturity of the applicant.

Recommendation form continues >

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

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

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

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

Name (please print): _____

Signature: _____ Position/Title: _____

Organization/School: _____

Daytime phone: _____

