

DEBBIE-RAND MEMORIAL SERVICE LEAGUE
TAV (Teenage Volunteer) Program at Boca Raton Regional Hospital

Teenagers must be at least age 15 years of age and have completed 8th grade. They may continue in the TAV program until six months after high school graduation, or age 18, whichever occurs first. The teenager must have a genuine desire to help others, an understanding of their responsibility to adhere to all D-RMSL and BRRH policies and agree to one four-hour shift each week for six months.

TAV Process: The first step is completion of this application. Please bring completed packet, in person, to the Debbie-Rand Memorial Service League office. We are located on the first floor in the main hospital. At that time, you will be scheduled for an **interview**.

APPLICATIONS MUST BE IN THE OFFICE AT LEAST ONE WEEK PRIOR TO THE INTERVIEWS!!

Interviews will take place on a Saturday morning in the Dawson Theater. **If accepted into the program, you will be scheduled for the next available Teenage Volunteer Orientation Program.** The orientation is to assure your understanding of hospital policies and procedures. **A parent or guardian must attend.** Tuberculosis testing is required for all volunteers and will be done at orientation.

Volunteer assignments will be given to TAVs according to the needs of the hospital and the TAV's availability. TAVs are not allowed to work in the Nursery or Emergency Room or departments in which a parent or relative works. Teenage volunteers are allowed one shift per week. After the orientation, teenagers will be sent their assignment by mail. You may pick up your jacket on the first day you are scheduled to work or after you have received your assignment. They will be available in the volunteer office.

Letters verifying hours are given upon advance request from the TAV, provided the TAV is in good standing. Recommendations may be provided based on the teenagers' proven ability/willingness to follow the rules set forth in the orientation package and during continual, successful performance. Verification of hours will not be provided to any TAV who is not in good standing (e.g., does not meet attendance or performance requirements). In order to receive a letter verifying hours, the TAV **must** have completed **six months** of volunteer service with the Debbie-Rand Memorial Service League, prior to leaving the program. Also, in order to be in good standing, the TAV must give the volunteer office notice of their decision to leave the program as soon as possible.

Teenage volunteers are only allowed **four** excused absences during their six-month commitment. Two unexcused absences will result in immediate dismissal from the program. For an absence to be excused, the teen must give written notice or verbal notice to the volunteer office.

Applications for the annual **D-RMSL scholarship(s)** are available in the auxiliary office. Senior TAVS may apply for this scholarship. March 15th is the usual deadline. A TAV must have 200 or more service hours at the time of application.

Please ensure that your application packet includes the following items. **Incomplete application packets will not be accepted.**

Please check off boxes.

- A **completed** Volunteer Application with your guardian's signature.
- Character reference letter on letterhead from a person other than a family member.
- School guidance counselor section must be filled out.
- Complete copy of you most recent report card. It must reflect a **2.5** GPA or higher from your last term
- TAV Agreement
- A copy of an ID showing proof of age (drivers license, school ID, passport).
- A copy of a Social Security Card.
- Completed TB form (If a Tuberculin Test (**PPD**) has been done in the past year at school or a physician's office, a copy must be attached. Proof of a Tine Test is not sufficient).
- Authorization to consent for treatment of a minor
- \$25.00** cash or check for uniform jacket and dues. Please make checks payable to D-RMSL. The payment of this money does not guarantee your acceptance into the program. If you are not accepted, the money will be immediately returned by mail.

DATE AVAILABLE TO START VOLUNTEERING: _____
 LOCATION REQUEST: _____

Boca Raton Regional Hospital/Debbie-Rand Memorial Service League, Inc. will screen all applicants and applications. Discrepancies will disqualify an applicant from volunteering at BRRH/D-RMSL. All applicants will be subject to a background check and may be subjected to a drug screen.

Submission of this application indicates agreement to adhere to all Debbie-Rand Memorial Service League and Boca Raton Regional Hospital policies.

Applicant Name Applicant Signature/Date

Parent/Guardian Name Parent or Guardian Signature/Date

TO BE FILLED OUT BY THE GUIDANCE COUNSELOR

Absences per Semester: 0 1-4 5-9 10+
 Punctuality: Always on Time Seldom Late Frequently Late
 GPA _____

This applicant will be a benefit to the TAV Program. Yes No

Comments: _____

Guidance Counselor's Signature School Stamp

Official Use Only

_ Application	_ Dues	_ HIPPA/Competencies
_ ID	_ Letter of Recommendation	_ Orientation
_ TAV Agreement	_ Signed JD	_ PPD
_ Report Card	_ TB Form	
_____ Date of Orientation		

TAV AGREEMENT

The Debbie-Rand Memorial Service League has a clear set of policies and procedures which provide for good order and assures the highest standards in patient care and services. **TAVs and parents must initial each line.** By doing so, you indicate that you understand and will comply with the following conditions.

___ ___ I understand that being reliable is very important. I understand that I am only allowed four excused absences during my six-month commitment. For an absence to be excused, I must give advanced written notice or verbal notice to the volunteer office. Two unexcused absences will result in immediate dismissal from the program. After that, D-RMSL WILL NOT verify my volunteer service hours.

___ ___ I understand that letters verifying hours are given upon advance request, provided that I have completed six months of service and that I am in good standing. In order to be in good standing, I must give the volunteer office notice of my decision to leave the program prior to leaving.

___ ___ I understand that D-RMSL will determine all assignments given to me.

___ ___ I understand that if I have a "slow period" I may secure approval to do homework or read. I am not permitted to use cell phones, handheld electronics ("game boys", MP3 players, PDAs, etc.) or to use the hospital phone, computer or other equipment for any thing other than hospital business. I am also not permitted to be in any other area other than which I am assigned.

___ ___ I understand that I am required to present a professional and positive image at all times while in uniform or on hospital property. Moreover, my behavior must be respectful and appropriate for a hospital.

___ ___ I understand that I am required to wear a proper, clean and pressed D-RMSL uniform jacket, white or khaki, regular-cut, ankle length slacks with **closed heel and toe shoes**. Any shirt worn under the jacket that is visible must be white. Jackets are to be worn buttoned or zipped up. No cargo pants, capris or oversized slacks are allowed. Females may not wear more than two earrings in each ear. Make up and jewelry are to be kept to a minimum. Hair must be neatly styled and worn off the face. I understand that I will not be allowed to volunteer if I am not in proper uniform.

___ ___ I understand that I must arrive on time to the orientation. Failure to do so may result in me not being allowed to attend the scheduled orientation. I will then have to wait until the next class.

___ ___ **I understand that I must bring a parent or guardian with me to the orientation.**

___ ___ I understand that I must stay for the duration of the orientation. The orientation normally lasts for approximately 1-2 hours.

___ ___ I understand that I must turn in the completed application packet at least 3 days prior to the interview.

Student

Parent

I have read and agree with the above regulations. Failure to comply with the aforementioned rules will result in dismissal from the program and or denied entry into the program. Volunteers may participate in the TAV program based on the needs of the D-RMSL as determined solely by D-RMSL. Teenage volunteers and parents, by signature above, agree and affirm that initial and/or continued participation in the TAV program is at the sole discretion of D-RMSL.

Debbie-Rand Memorial Service League, Inc.
Auxiliary to Boca Raton Regional Hospital

Authorization to Consent for Treatment of a Minor

I hereby grant to BOCA RATON REGIONAL HOSPITAL authority to give consent for the treatment of _____ (teenager's name) should my child require medical care of any nature by reason of any condition or incident, with the exception of (a) major surgery, or (b) _____ (Other, if any) which should only be performed if the concurring medical opinion of two physicians is such that the procedure(s) are necessary to relieve the suffering or preserve the life or limb of my child and I cannot be reached after reasonable attempts.

Facts concerning my child's medical history, including allergies, physical impairments, and medication being taken, to which a physician should be alerted are as follows: _____

Birthdate: _____ Date of last tetanus/diphtheria booster: _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Hospital of Choice: _____

Health Insurance Plan is _____ ID # _____

This authorization expires 6 months after my child graduates from high school.

Parents or legal guardian (last name) _____ (first name) _____

Address: _____

Employer _____

Father's home phone: _____ Business Phone: _____

Mother's home phone: _____ Business Phone: _____

I certify that the information above is accurate and complete to the best of my knowledge. I hereby release Boca Raton Regional Hospital and Debbie-Rand Memorial Service League, Inc. from any legal or financial responsibility with respect to my personal or my teenager's participation.

Date Parent/Legal Guardian's Signature Date

TAV Record

Name: _____

TO BE COMPLETED BY AUXILIARY DEPARTMENT ONLY:

Start Date _____ Dues & Uniform _____

Orientation _____ Buddy Training _____

Department							
Day							
Time							

Action	Date	Explanation

Boca Raton Regional Hospital

Volunteer TB Skin Test Questionnaire

Date: _____

Volunteer's Name: _____

Tuberculosis Screening

- 1. Do you have a productive cough (able to bring up mucous/blood): ___ Yes ___ No
If you answered "Yes" to question #1:
- Have you had this cough for more than two (2) weeks? ___ Yes ___ No
2. Have you lost weight without dieting? ___ Yes ___ No
3. Do you have night sweats (waking up in bed sweating)? ___ Yes ___ No
4. Have you been around a person with active Tuberculosis (TB) in the last 3 mos.? ___ Yes ___ No
5. Have you had an unexplained fever in the past 3 months? ___ Yes ___ No
6. Have you ever had a TB Skin Test (PPD)? ___ Yes ___ No
- If yes to question #6, was test: ___ Positive ___ Negative
- If "Positive", did you have to take medication? ___ Yes ___ No
- If "Positive" have you had a chest X-ray during the past year? ___ Yes ___ No
7. Have you received BCG vaccine (a vaccine given in other countries for TB) ___ Yes ___ No

I agree to have a TB Skin Test administered and read at appropriate time by Boca Raton Regional Hospital's Employee Health Nurse.

Volunteer's Signature

If under the age of 18, the signature of a parent/guardian is required: _____

TB Test Administration

Medication: Administration Site: Results:
Aplisol 0.1 ml ___ Date Date: _____
Lot #: ___ Right ___ Left Forearm Induration: Yes ___ No: ___ MM: ___
Exp. Date: ___ By: _____ Read by: _____

KD/bas
08/10/06