

Thank you for your interest in the St. Vincent's Southside Teenage Volunteer (TAV) Program. Below are some FAQ's that will give you some insight into the program and its purpose.

Frequently Asked Questions

Who can be a TAV?

The program is open to all 14 to 17-year-olds and/or those who are going into 9th grade but are 13 years of age.

Why become a TAV?

As a TAV, you will be a member of the St. Vincent's Southside team, playing an important role in assisting our staff while they care for patients and support their families.

What are the benefits of becoming a Teenage Volunteer?

- Meet new people and develop new friendships
- Interact with people from diverse backgrounds
- Gain experience working in the health care field
- Earn community service hours for school and scholarships
- Learn to handle responsibility
- Build self-confidence and leadership skills
- Receive assistance with career making decisions
- Develop job skills, such as customer service, retail merchandising, accounting and general administrative work
- Make a positive difference in another's life

How Can I Help?

St. Vincent's Southside TAVs provide assistance in nearly every department of the hospital. Some of the areas include:

- Patient Floors
- Transport Department
- Family Birth Place
- Gift Shop
- Radiology
- Emergency Department
- Food Services
- Security

What is required of me?

We ask that you be dedicated to helping others and commit to the following:

- Complete and submit the application and requested supplemental information.
- Participate in an interview.
- Have updated TB test results.
- Attend an orientation session held at the beginning of the program.
- Purchase a uniform (Approximately \$20).
- Complete the entire 7-week summer program.

Teenage Volunteer Application Instructions

The St. Vincent's Southside Teenage Volunteer (TAV) Application must be completed following the instructions below. All requested items, such as reference letter, must be included for your application to be considered.

Read the FAQ's on the previous page for information on the program.

APPLICANT
Contact information on the applicant is included in this section.
AVAILABILITY
Days and Hours available: include time from (i.e. 8 a.m. - Noon or 1-4 p.m.) when you are available for each day of the week. If you are not available any days, leave that day blank. Vacation Plans: Include any dates when you may not be available during the 7-week program. Required to volunteer: If you are required to volunteer for school or any other organization, indicate with whom.
EDUCATION
Education information on applicant is required. Grade Completed: Include the grade you will have completed as of June 2012. Note: If you have not reached your 14 th birthday when filling out this application, you must have completed the 8 th grade as of June 2012.
EMERGENCY CONTACT
Include a primary contact and two others in case of an emergency. Include home, work and cell phones for each contact.
HEALTH REPORT
Include your physician's name and phone number. Also, if you have any illnesses and/or other special accommodations needed, indicate such.
RECOMMENDATION
One (1) recommendation letter must be attached to your application in order for it to be considered. Recommendations can come from anyone who knows you, but cannot include mother, father, sibling, aunt, uncle or grandparent. Teachers, priest, pastor, scout leaders, employers are appropriate.
CONFIDENTIAL INFORMATION
Carefully read this information.
READ CAREFULLY AND SIGN BELOW
You must sign and date as indicated.
PARENT/GUARDIAN AUTHORIZATION
This section must be completed by a parent or guardian. After reading each paragraph, the parent/guardian must include his/her initials indicating his/her authorization. The parent/guardian must also sign and date this section.
CHECK LIST
The checklist provides you with an opportunity to make sure you have all the necessary information for the applications.
WRITTEN STATEMENT
Include a paragraph for each bulleted item. Use only the space provided.

Should you have any questions about the application, please contact the St. Vincent's Southside Volunteer Services office at 296-3722. Application must be mailed or faxed.

Mail

St. Vincent's Southside Hospital
Volunteer Services Office
Roger Main Bldg, Room 155
mailed
4201 Belfort Road
Jacksonville, FL 32216

Fax

904-296-4350

Timeline

January - March: Applications received
March - April: Interview conducted
May: Acceptance notification letters

June 18: TAV Orientation (Mandatory)
June 19: First work day for TAVs
Aug 3: Last day of work for TAVs

Office Use Only
Received: _____ By: _____



TEENAGE VOLUNTEER APPLICATION

APPLICANT

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: () _____ Cell: () _____ Birthday: _____
Email: _____

AVAILABILITY

Days and Hours available: Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____

Vacation Plans/Dates: _____

Have you previously participated in the St. Vincent's Southside TAV program? YES NO If yes, when: _____

Are you required to be a volunteer? YES NO If yes, by whom: _____

EDUCATION

School: _____ Grade Completed as of June 2012: _____

GPA: _____

Clubs/Organizations: _____

Hobbies/Interest: _____

EMERGENCY CONTACT

Parent/Guardian _____ Home Phone: _____
Work Phone: _____ Cell: () _____

IF UNABLE TO REACH PERSON ABOVE, ST. VINCENT'S SOUTHSIDE MAY CALL:

Full Name: _____ Relationship: _____
Work Phone: _____ Cell: () _____
Home Phone: _____

Full Name: _____ Relationship: _____
Work Phone: _____ Cell: () _____
Home Phone: _____

HEALTH REPORT

Physician Name: _____ Phone: (____) _____

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

Describe: _____

RECOMMENDATION

Provide one (1) letter of recommendation from someone other than a family member (i.e. NOT mother, father, sibling, aunt, uncle, grandparent). Your references should be from a teacher, guidance counselor, clergy, youth group leader, youth organization leader, employer, etc.

Recommendation: _____

Home Phone: _____ Cell Phone: _____ Office Phone: _____

Best time to contact: _____

Reference Letter Attached:

CONFIDENTIAL INFORMATION

As a volunteer of St. Vincent's Southside, 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 person and St. Vincent's Southside 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 St. Vincent's Southside.

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 St. Vincent's Southside Policy states, unauthorized release of confidential information may be cause of immediate dismissal from St. Vincent's Southside.

READ CAREFULLY AND SIGN BELOW

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 such false, incomplete, or misleading information discovered on this application after I am accepted as a volunteer may result in my dismissal.

I understand that I will follow all policies and procedures set forth by St. Vincent's Southside and, upon request, can receive a copy of such policies and procedures.

Signature: _____ Date: _____
Teenage Volunteer Applicant

PARENT/GUARDIAN AUTHORIZATION

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

