NAME: ______________________________ GRADE: ____________________

EMAIL: ______________________________ PHONE #: ___________________

GUARDIAN’S EMAIL: ____________________

POLO SIZE: S  M  L  XL  XXL

Indicate your preference of shift by numbering the blocks below by 1st, 2nd and 3rd choice. If you have multiple first choices, put a number “1” in each shift you are able to work. If you are flexible and do not have any preferences, indicate that as well!

We will do our best to accommodate your preferences.

Shifts at Egleston, Hughes Spalding, and Scottish Rite are from 9am-12pm or 12pm-3pm, Monday through Friday. We DO NOT offer any weekend placements.

<table>
<thead>
<tr>
<th>SHIFT</th>
<th>9AM-12PM</th>
<th>12PM-3PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONDAY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TUESDAY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WEDNESDAY</td>
<td></td>
<td></td>
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<tr>
<td>THURSDAY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FRIDAY</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Make certain that the eight-week session (June 6th – July 29th) does not conflict with any plans (i.e. vacation, band or camp) that you may have for the summer. You must be available for those eight weeks, missing no more than two shifts with prior notice. July 4th will be recognized as a holiday and will not count as an absence for VolunTEENs assigned to Monday.
VolunTEEN Agreement

I,________________________, hereby agree to the following:

I understand volunteers must be at least 15 years old by June 1, 2022 and must fulfill all Volunteer Services requirements before placement can occur.

I will attend the required training in order to be involved in the VolunTEEN Program for the summer of 2022. I will notify the Volunteer Services office staff if I will be unable to attend.

I will keep confidential any information that I obtain while in the hospital. I acknowledge that anything seen or heard while in the hospital is privileged and should not be repeated. I understand that any breach of confidentiality will cause my volunteer status to come under review by the Volunteer Services office.

I agree to maintain the volunteer standards of Children’s Healthcare of Atlanta. I acknowledge that Children’s reserves the right to end my volunteer placement if these standards are not met, following a conference with a member of the Volunteer Services staff.

I agree to have a TB (T-Spot) blood draw test. This test will be offered free of charge at Children’s on assigned clinic dates. I understand that if I do not turn in a completed TB blood draw test, I will not be permitted to volunteer on the first day and it will count as one of my two absences.

I agree to wear the uniform required for my volunteer placement. The VolunTEEN uniform is a Children’s Healthcare of Atlanta VolunTEEN Polo Shirt. It is to be worn with long khaki pants/skirt (no capris or shorts). I understand that if I am not wearing the proper attire I may be sent home to change.

I agree to be assigned to a shift one day per week based on the needs of my assigned location. I understand that I must volunteer at least six of my eight shifts.

I agree to notify the Volunteer Services office of any unplanned absences. I understand that my volunteer placement may be ended if I am absent without notification.

Signed:_________________________________________________________ Date:__________
Prospective VolunTEEN

Signed:_________________________________________________________ Date:__________
Parent/Guardian
CONSENT FORM AND WAIVER (PATIENT & FAMILY)
AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH AND OTHER PERSONAL INFORMATION
AND/OR PUBLIC USE OF IMAGE (PHOTOGRAPH OR VIDEO) FOR MARKETING PROMOTION, MEDIA
AND PUBLIC RELATIONS PURPOSES

I hereby give consent to Children’s Healthcare of Atlanta Inc. (hereinafter “Children’s”), its affiliates, media outlets, community organizations, and/or third parties providing service to Children’s to take and use images (photographs or video) or sounds recordings of me and/or the minor patient/person named below for whom I am giving consent (hereinafter the “Patient”), and to disclose such information in any Children’s and/or third party media outlet, including radio, television, internet, social media, or print. I understand that the intended use of such images and information may be for advertising, marketing, fundraising or promotional purposes of Children’s.

I understand that the information to be disclosed may include protected health information about the Patient’s treatment at Children’s obtained from interviews of the family, physicians and hospital personnel, or from the patient’s medical records. I hereby waive the right to or interest in the confidentiality of this information or images taken and disclosed to the public, as contemplated in this release. I understand that the information disclosed pursuant to this release may be re-disclosed and no is longer protected by any federal or state privacy regulations.

I acknowledge that this consent and authorization for release of confidential information is being made solely for the benefit of Children’s and without any expectation of compensation or other benefit to the Patient or the family thereof. While unlikely, Children’s may receive direct or indirect remuneration from a third party. To the extent that any benefit accrues or might accrue to Children’s from the use of images or disclosure of information, I hereby and forever waive any interest in or claim to such benefits.

I hereby release and forever discharge Children’s (including without limitation all corporate affiliates and officers, directors, trustees, employees, medical staff members and agents) from any and all claims, liability, actions, suits, demands, costs, expenses or indebtedness arising out of, related to, or in any way connected with the use of images or disclosure of the information and materials described herein, and I hereby waive all rights and interest in and to such information and materials.

I understand that I may refuse to sign this authorization, that it is strictly voluntary and that my treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this release. I have been informed that this authorization is voluntary and is subject to revocation at any time, except to the extent that action has been taken in reliance thereon, by notifying Children’s in writing at: MediaConsents@choa.org.

Expiration:
- Authorization is ongoing until Patient reaches age of majority (18yo) unless otherwise revoked.

_____________________
Date

_____________________
Patient Name or Name of Minor (please print)

_____________________
Patient or Minor Date of Birth

_____________________
Name of Parent/Legal Guardian/Patient if 18 or older

_____________________
Relationship to Patient

_____________________
Signature of Parent/Legal Guardian/Patient if 18 or older

_____________________
Phone Number

_____________________
Zip code

_____________________
Email address

*Completed paper forms must be inputted into online consent portal at choa.org/consent by Children’s employee within 24 hours. Paper forms should be hand-delivered or sent via interoffice mail to Public Relations Team at 1575 Northeast Expressway within three business days.
Dear Advisor/Professor/Supervisor/Coach:

_____________________________ has applied to the VolunTEEN Program at Children's Healthcare of Atlanta. Thank you for taking the time to complete this evaluation. Your observations are an important part of this student’s application. Please comment on the following areas:

<table>
<thead>
<tr>
<th>Self-sufficient</th>
<th>Always self-sufficient</th>
<th>Usually self-sufficient</th>
<th>Sometimes self-sufficient</th>
<th>Rarely self-sufficient</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respect for others</td>
<td>Always respectful</td>
<td>Usually respectful</td>
<td>Sometimes respectful</td>
<td>Rarely respectful</td>
<td>N/A</td>
</tr>
<tr>
<td>Ability to work</td>
<td>Always works well</td>
<td>Usually works well</td>
<td>Sometimes works well</td>
<td>Rarely works well</td>
<td>N/A</td>
</tr>
<tr>
<td>independently</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to work</td>
<td>Always works well</td>
<td>Usually works well</td>
<td>Sometimes works well</td>
<td>Rarely works well</td>
<td>N/A</td>
</tr>
<tr>
<td>with others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Takes initiative</td>
<td>Always</td>
<td>Usually</td>
<td>Sometimes</td>
<td>Rarely</td>
<td>N/A</td>
</tr>
<tr>
<td>Attendance</td>
<td>Excellent</td>
<td>Good</td>
<td>Fair</td>
<td>Poor</td>
<td>N/A</td>
</tr>
<tr>
<td>Timeliness</td>
<td>Always on time</td>
<td>Usually on time</td>
<td>Sometimes on time</td>
<td>Rarely on time</td>
<td>N/A</td>
</tr>
<tr>
<td>Friendliness</td>
<td>Always friendly</td>
<td>Usually friendly</td>
<td>Sometimes friendly</td>
<td>Rarely friendly</td>
<td>N/A</td>
</tr>
<tr>
<td>Responsible</td>
<td>Always responsible</td>
<td>Usually responsible</td>
<td>Sometimes responsible</td>
<td>Rarely responsible</td>
<td>N/A</td>
</tr>
<tr>
<td>Concern for others</td>
<td>Always considerate</td>
<td>Usually considerate</td>
<td>Sometimes considerate</td>
<td>Rarely considerate</td>
<td>N/A</td>
</tr>
<tr>
<td>Communication skills</td>
<td>Excellent</td>
<td>Good</td>
<td>Fair</td>
<td>Poor</td>
<td>N/A</td>
</tr>
<tr>
<td>Receptive to</td>
<td>Excellent</td>
<td>Good</td>
<td>Fair</td>
<td>Poor</td>
<td>N/A</td>
</tr>
<tr>
<td>feedback</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrity</td>
<td>Very trustworthy</td>
<td>Trustworthy</td>
<td>Sometimes trustworthy</td>
<td>Rarely trustworthy</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Overall Recommendation** (circle):  Strongly Recommend  Recommend  Do not recommend

**Additional Comments:**

____________________________________________________________________________________________

____________________________________________________________________________________________

Evaluator’s Name (please print): ___________________________ Phone: ___________________________

Title: ___________________________ Email: ___________________________

Evaluator’s Signature: ___________________________ Date: ___________________________

Please place this form in a sealed and signed envelope and return to applicant. Thank you!
DISCLOSURE AND AUTHORIZATION REGARDING OBTAINING CONSUMER AND/OR INVESTIGATIVE REPORTS FOR VOLUNTEERING AT CHILDREN’S

In considering your application for volunteering, *Children’s Healthcare of Atlanta*, because of its obligation to provide a safe environment for patients and families, may request that a consumer-reporting agency prepare a consumer report or investigative report regarding you. In addition, Children’s may independently conduct background checks on you. The consumer report, investigative report and/or background check may include, but not be limited to, information regarding your credit history, criminal convictions, former employers, education and/or training.

1. By signing this disclosure, you consent to Children’s obtaining a consumer report and/or investigative report on you and further consent to Children’s independently conducting a background check on you.

2. By signing this disclosure, you acknowledge that you
   a) Have received a copy of this disclosure.
   b) Have been notified of the possibility that a consumer and/or investigative report will be prepared.

3. In accordance with the federal Fair Credit Reporting Act, if an investigative report is requested, you have the right to request that Children’s completely and accurately disclose to you the nature and scope of any requested report.

By signing the acknowledgement below, I release Children’s from any and all liability relating to or arising from such consumer reports and/or investigative reports and/or background checks. I acknowledge that I have read this entire document and understand the same.

_______________________________________________________  _______________________  
Applicant’s Signature                                      Date

_______________________________________________________  _______________________  
PRINT Full Name (First, Middle, Last)

_______________________________________________________  _______________________  
Street Address

_______________________________________________________  _______________________  
City                                                    State                                                    Zip

_______________________________________________________  _______________________  
Social Security Number                    Sex                     Race                     Date of Birth
VolunTEEN 2022
KEEP FOR YOUR RECORDS
(Do not include in packet)

The VolunTEEN Packet must be received ALL TOGETHER in a sealed envelope by 4:30 p.m. on Friday, February 11th. All paperwork must be received for the application to be considered complete. In addition to the paperwork listed below, all applicants must also complete the online application at www.choa.org/volunteen.

All applicants will be notified by March 18th of their application status.

COMPLETION CHECKLIST:
☐ Completed Online Application
☐ VolunTEEN Packet
☐ Teacher/Counselor Recommendation Form – must be submitted in a signed and sealed envelope
☐ Immunization Record
  ☐ Chicken Pox (Varicella – 2 shot series OR titer blood test showing immunity)
  ☐ MMR (Measles, Mumps, Rubella – 2 shot series OR titer blood test showing immunity)
  ☐ Tdap (Tetanus, Diphtheria, Pertussis – 1 shot, must have received within in the last 10 years)
  ☐ Proof of COVID-19 vaccination
☐ Copy of Photo I.D. (Driver’s license, school ID, passport, etc.)
☐ Background check disclosure form (if above the age of 18)

If titer blood test does not show sufficient immunization for these diseases, appropriate vaccination(s) are required.

If accepted, note that there will be a mandatory training at the campus at which you applied:

Children’s at Egleston:
Wednesday, June 1st at 2:00pm – 3:30pm

Children’s at Hughes Spalding:
Wednesday, June 1st at 2:00pm – 3:30pm

Children’s at Scottish Rite:
Thursday, June 2nd at 2:00pm – 3:30pm

Mail or hand deliver this packet to the campus at which you applied.
As a reminder, you are only able to apply to ONE campus:

<table>
<thead>
<tr>
<th>Children’s at Egleston</th>
<th>Children’s at Hughes Spalding</th>
<th>Children’s at Scottish Rite</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteer Services</td>
<td>Volunteer Services</td>
<td>Volunteer Services</td>
</tr>
<tr>
<td>1405 Clifton Road NE</td>
<td>35 Jesse Hill Jr. Drive SE</td>
<td>1001 Johnson Ferry Road NE</td>
</tr>
<tr>
<td>Atlanta, GA 30322</td>
<td>Atlanta, GA 30303</td>
<td>Atlanta, GA 30342</td>
</tr>
</tbody>
</table>
