2023 VolunTEEN Packet

NAME: ______________________________ GRADE: _______________________

EMAIL: ______________________________ PHONE #: ___________________

GUARDIAN’S EMAIL: ______________________________

POLO SIZE (please note, sizes run big): S  M    L    XL    XXL

Indicate your preference of shift by numbering the blocks below by 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> 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 or make-up shifts.

<table>
<thead>
<tr>
<th>SHIFT</th>
<th>9AM-12PM</th>
<th>1PM-4PM</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>
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<tr>
<td>FRIDAY</td>
<td></td>
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</tbody>
</table>

Attendance Policy: Make certain that the eight-week session (June 5<sup>th</sup> – July 28<sup>th</sup>) does not conflict with any plans (i.e. vacation, band practice, 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 4<sup>th</sup> will be recognized as a holiday and will not count as an absence for VolunTEENs assigned to Tuesdays.
VolunTEEN Agreement

I, ____________________________, hereby agree to the following:

I understand volunteers must be at least 15 years old by May 30, 2023 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 2023. 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 receive a TB (T-Spot or Quantiferon Gold) blood draw test. I understand that my final acceptance will be pending these test results.

I agree to wear the uniform required for my volunteer placement. The VolunTEEN uniform is a Children’s Healthcare of Atlanta VolunTEEN Polo Shirt which will cost $10. It is to be worn with long khaki pants/long skirt (no capris, leggings, 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 absences during the program. 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:

- O 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.
Recommendation Form

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

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

Additional Comments:

____________________________________________________________________________________________

____________________________________________________________________________________________

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

Title/Role: ___________________________ 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
The VolunTEEN Packet must be received **ALL TOGETHER** in a sealed envelope by 4:00 p.m. on Friday, February 10th. 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 for the campus they would like to apply for at [www.choa.org/volunteer](http://www.choa.org/volunteer).

**Program Dates:** June 5, 2023 – July 28, 2023

All applicants will be notified by March 24th of their application status.

**COMPLETION CHECKLIST:**
- Completed Online Application (for ONE campus)
- VolunTEEN Packet
- 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 the last 10 years)
  - Proof of COVID-19 vaccination (booster shots are not required)
  - Proof of Flu vaccination from this flu season (dated August 2022 or later)
- Copy of Photo I.D. (Driver’s license, school ID, passport, etc.)
- Background check disclosure form (Upon turning 18, volunteer will receive an email to complete the background check online)

If accepted, note that there will be a **mandatory** training at the campus at which you applied. There are NO make-up trainings.

**Children’s at Egleston:**
Wednesday, May 31st from 2:00pm – 4:00pm

**Children’s at Hughes Spalding:**
Wednesday, May 31st from 2:00pm – 4:00pm

**Children’s at Scottish Rite:**
Tuesday, May 30th from 2:00pm – 4:00pm

**Hand deliver this packet to the campus at which you applied.**

Please note, mailed in packets will not be accepted.

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>