



# Lakeland Regional Health®

1324 LAKELAND HILLS BLVD  
LAKELAND, FL 33805

PO BOX 95448  
LAKELAND, FL 33804-5448

863.687.1100 + myLRH.org

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 it is returned to the Volunteer Services office no later than:

**Monday, November 4, 2019 (last day to turn in your application - no exceptions)**  
**THE PROGRAM WILL NOT TAKE INCOMPLETE APPLICATIONS**

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, and mail only the completed application with the requested paperwork to:**

Lakeland Regional Health Volunteer Services  
1324 Lakeland Hills Blvd.  
Lakeland, FL 33805

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 by December 1, 2019.
2. Complete and notarize the parental consent form and return it with the application form.
3. A letter from your pediatrician is required indicating you are cleared to volunteer and work around patients at Lakeland Regional Health. Please bring a 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, as well as results of a TB test that has to be completed within the past 12 months (available from your pediatrician or the Health Department).
4. A letter of recommendation should be included with the application, and it can be from your school Guidance Counselor, teacher, Administrator, Scout leader, employer, or another adult not related to you.
5. All students that submit a completed application by the deadline will receive an email with information on how to schedule an interview. Interviews will be held the last week in July and it is the student's responsibility to call to make the appointment.

Please feel free to contact me at 863.687.1115 should you need any assistance.

Sincerely,

Darcy King, MSML  
LRH Volunteer Manager

## 2019 Teen Volunteer Program Things to Remember

This Fall, the Teen Volunteer Program will begin on Monday, August 12, 2019.

**Please remember the following:**

- The deadline to turn in your application is ***Monday, November 4, 2019***. The office closes at 4:00 pm.
- The interview period will take place in December during the school holiday.

### **The Program will not take incomplete applications**

**Time Commitment** | Ask your school Guidance Counselor for the community service log-sheet to keep track of your daily clock in/out times. You will need to turn in this form to your school after it has been signed by the Volunteer Manager.

**All Community Service Log forms need to be turned into the Volunteer Services Department.**

**Returning teens** that have participated concurrently in the Teen Program do not need to attend the orientation session. However, reapplying is necessary if a time lapse has occurred.



# 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.

## **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 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 in the hospital, 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 (i.e. eyebrow or nose rings) must be removed.*
- 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.

**Be sure to review additional requirements and rules in the Volunteer Handbook you will receive during Orientation.**

## MEALS:

You will receive a meal credit worth \$7.00 for your use when on duty. 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 a LRH polo shirt and khaki pants. The cost of the polo shirt is \$20, and it can be purchased during Orientation day. 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:

You will receive an hourly report of service when you complete your required hours. These reports are based on the information in the API System when you clock in and clock out.

If you do not clock in/out, you will not be given credit for the hours unless you log the missing time on the log sheet in the Volunteer Manager's office to correct the error. You are held responsible for keeping track of your daily hours which is a requirement from your

**SERVICE HOUR REPORTS {CONTINUED}:**

school using the Community Service form. You can pick up this form at the school Guidance Counselor's office.

**Only the Manager of Volunteer Services can sign your Community Service forms.**

**DISMISSAL FROM PROGRAM:**

At LRH, our primary concern is our patients. 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.



# TEEN VOLUNTEER APPLICATION



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**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: \_\_\_\_\_ 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 15 years old, and I give my consent for him/her to serve as a volunteer in the Teen Volunteer Summer 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 single 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 Office:

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.

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 \_\_\_\_\_ 2019, 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



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## Volunteer Services

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

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Recommendation form continues >

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

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

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

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

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Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Organization/School: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

