

## 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.**

SHIFT	9AM-12PM	1PM-4PM
<b>MONDAY</b>		
<b>TUESDAY</b>		
<b>WEDNESDAY</b>		
<b>THURSDAY</b>		
<b>FRIDAY</b>		

**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](mailto: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](http://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:

<b>Self-sufficient</b>	<input type="radio"/> Always self-sufficient	<input type="radio"/> Usually self-sufficient	<input type="radio"/> Sometimes self-sufficient	<input type="radio"/> Rarely self-sufficient	<input type="radio"/> N/A
<b>Respect for others</b>	<input type="radio"/> Always respectful	<input type="radio"/> Usually respectful	<input type="radio"/> Sometimes respectful	<input type="radio"/> Rarely respectful	<input type="radio"/> N/A
<b>Ability to work independently</b>	<input type="radio"/> Always works well	<input type="radio"/> Usually works well	<input type="radio"/> Sometimes works well	<input type="radio"/> Rarely works well	<input type="radio"/> N/A
<b>Ability to work with others</b>	<input type="radio"/> Always works well	<input type="radio"/> Usually works well	<input type="radio"/> Sometimes works well	<input type="radio"/> Rarely works well	<input type="radio"/> N/A
<b>Takes initiative</b>	<input type="radio"/> Always	<input type="radio"/> Usually	<input type="radio"/> Sometimes	<input type="radio"/> Rarely	<input type="radio"/> N/A
<b>Attendance</b>	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor	<input type="radio"/> N/A
<b>Timeliness</b>	<input type="radio"/> Always on time	<input type="radio"/> Usually on time	<input type="radio"/> Sometimes on time	<input type="radio"/> Rarely on time	<input type="radio"/> N/A
<b>Friendliness</b>	<input type="radio"/> Always Friendly	<input type="radio"/> Usually Friendly	<input type="radio"/> Sometimes Friendly	<input type="radio"/> Rarely Friendly	<input type="radio"/> N/A
<b>Responsible</b>	<input type="radio"/> Always Responsible	<input type="radio"/> Usually Responsible	<input type="radio"/> Sometimes Responsible	<input type="radio"/> Rarely Responsible	<input type="radio"/> N/A
<b>Concern for others</b>	<input type="radio"/> Always considerate	<input type="radio"/> Usually considerate	<input type="radio"/> Sometimes considerate	<input type="radio"/> Rarely considerate	<input type="radio"/> N/A
<b>Communication skills</b>	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor	<input type="radio"/> N/A
<b>Receptive to feedback</b>	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor	<input type="radio"/> N/A
<b>Integrity</b>	<input type="radio"/> Very trustworthy	<input type="radio"/> Trustworthy	<input type="radio"/> Sometimes trustworthy	<input type="radio"/> Rarely trustworthy	<input type="radio"/> N/A

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

**Additional Comments:**

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**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

**VolunTEEN 2023**  
**KEEP FOR YOUR RECORDS**  
**(Do not include in packet)**



The VolunTEEN Packet must be received **ALL TOGETHER** in a sealed envelope by 4:00 p.m. on Friday, February 10<sup>th</sup>. 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/volunteen](http://www.choa.org/volunteen).

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

**All applicants will be notified by March 24<sup>th</sup> 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 31<sup>st</sup> from 2:00pm – 4:00pm

**Children's at Hughes Spalding:**

Wednesday, May 31<sup>st</sup> from 2:00pm – 4:00pm

**Children's at Scottish Rite:**

Tuesday, May 30<sup>th</sup> 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:**

<b><u>Children's at Egleston</u></b> Volunteer Services 1405 Clifton Road NE Atlanta, GA 30322	<b><u>Children's at Hughes Spalding</u></b> Volunteer Services 35 Jesse Hill Jr. Drive SE Atlanta, GA 30303	<b><u>Children's at Scottish Rite</u></b> Volunteer Services 1001 Johnson Ferry Road NE Atlanta, GA 30342
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