



STOP!

*Before you turn in your application,
be sure you have the following:*

- Application completed in its entirety
with all required signatures
- Signed parental consent page
- Most recent report card
- Sealed envelope that contains
teacher recommendation
- Current immunization record



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APPLICATION

Date: _____

Facility you wish to be placed in: _____

Are you a returning teen volunteer: _____ Yes _____ No

If returning, what year/s did you serve: _____

Name: _____ Date of birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Phone number: _____

School attending: _____ Present Grade: _____

Activities/Clubs: _____

Hobbies/Skills/Interests: _____

Why would you like to volunteer: _____

Person/s to call in case of an emergency:

Name & Relationship: _____ Phone: _____

Cell: _____

Name & Relationship: _____ Phone: _____

Cell: _____

2026 SUMMERTeen VOLUNTEER PROGRAM PARENTAL CONSENT FORM

Please read the following information and requirements before signing the consent form:

DEADLINE FOR SUBMISSION OF APPLICATION: April 1, 2026

- 1) In order to qualify to participate in the Summer Teen Program, you must be at least 16 years of age, and submit all forms by the deadline in order to be considered. Incomplete applications will be deemed ineligible for consideration.
 - a. Completed Application with all required signatures
 - b. Most recent report card (overall "B" average required to participate)
 - c. Parental Consent form with required signature/s
 - d. Teacher Evaluation Form – filled out and signed
 - e. Current immunization record (from health department or student's pediatrician. Copies are accepted).

Returning teens, which have had their TB test within the last year, are required to schedule time for their annual TB testing. If the teen has history of positive TB skin test then a copy of a chest x-ray report (done within the previous year) is required.

- 2) **Your teen's presence at Orientation is mandatory for participation in the program.** There will not be a make-up session. Orientation to be announced by the program manager of each facility.
- 3) The first volunteer day will be **June 8, 2026**. July 4th is an official hospital/clinic holiday so Volunteer Services will be closed that day. All other absences not related to illness during the seven week period must be approved by the Volunteer Manager/Coordinator.
- 4) All teens must purchase a uniform consisting of navy scrubs for all facilities. These may be purchased at Uniformity or Serendipity in Montgomery, AL, among other places. The uniform may not have any stripes or decorative applications/prints --- it must be solid. If the store does not have the size you need, they can order for you and it should arrive within about a week. **Uniforms should be worn while volunteering or shadowing at the hospital/clinic. Students must also wear scrubs to orientation and graduation. Please note: Hospital/clinic policy prohibits wearing perfume or aftershave while on duty (due to allergies and sensitivities of patients). Jewelry should be small and modest (no large hoop earrings or dangling necklaces --- both of these can pose safety hazards in the healthcare environment.) Artificial nails are also prohibited due to infection control requirements.**
- 5) Hospital/clinic policy states the following regarding the use of personal cell phones, camera equipped phones and beepers by employees and volunteers while on duty.

"While at work, personal cellular phones may only be used during designated non-work times and in non-work areas. At all times when on duty, cell phones should be switched off or to silent or vibrates mode. Cell phones should only be answered during non-work times and in non-work areas except in emergency situations. Phones with ear attachments or earphones are not to be worn except during non-work times and in non-work areas.

Personal beepers should be switched off, on silent or vibrate mode during all work hours and in work areas. Beepers should only be answered during non-work times and in non-work areas except in emergency situations.

Baptist Health prohibits employee possession or use of cameras in the workplace, including camera equipped cell phones as a preventive step believed necessary to secure employee/patient privacy."

Volunteer Services requires that teen volunteers lock their cell phones in a secured locker while on duty. Students who violate these policies may be dismissed from the program. Exceptions will be made at the department manager's discretion.

- 6) Teens are expected to work a minimum of one shift per week (with the exception of time off for family vacation, sickness, camp, etc). A shift is either from 8 a.m.-12 p.m. or 12 p.m. - 4 p.m. **Teens will not be allowed to work over 3 days per week.**
- 7) Teens should not come to the Volunteer Workroom any earlier than 30 minutes prior to the beginning of their shift or stay any later than 30 minutes following their shift. The Teen Program leaders, Volunteer Services and the departments where these young people are working are not responsible for supervision outside of the assigned shift times, 8 a.m. to 12 p.m., 12 p.m. - 4 p.m. and the 30 minute cushions on either side of the shift.

2026 BAPTIST HEALTH SUMMER TEEN VOLUNTEER PROGRAM PARENTAL CONSENT FORM

I hereby give permission for _____ to serve as a teenage volunteer at Baptist Health according to the rules and policies of the hospital/clinic. I consider him/her mature enough to recognize the responsibilities associated with the volunteer program.

Signature: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Home Phone: _____

E-mail: _____

2026 BAPTIST HEALTH SUMMER TEEN VOLUNTEER PROGRAM TEACHER EVALUATION

Name: _____ has expressed an interest in the Summer Teen Program at Baptist Health.

In order to evaluate if he/she is appropriate for placement in a healthcare setting, we need your help by answering the following questions:

Teens will not be considered for placement without an evaluation.

1) Are overall schools grades equal to a B average? _____

2) Do you feel he/she has the emotional maturity and stability to work in a healthcare setting?

3) Does his/her citizenship record indicate good school behavior? _____

4) Other comments that would be helpful in our assessment: _____

Evaluator's Signature: _____ Date: _____

School: _____ Phone: _____

Please provide to student in a sealed envelope. Students will be responsible for submitting this confidential evaluation form as part of their application to the Summer Teen Volunteer Program. **Students must submit all forms by the deadline of April 1, 2026 in order to be considered for the program.**