

Thank you for your interest in becoming a Teenage Volunteer member with the Auxiliary. We are pleased that you want to give of your time to help others. We hope that you will find it to be a most rewarding experience.

Enclosed is an application to be completed and signed by at least one parent. Please return it, along with two (2) letters of recommendation from adults who are not family members. There is a waiting list on a regular basis. You will be contacted when teenage volunteer opportunities become available.

Becoming a Teenage Volunteer with the Auxiliary is a commitment. You will need to attend an orientation and be scheduled on a regular basis. We require 75 hours of service to fulfill the requirements for the year round volunteer program, and 40 hours of service for the summer volunteer program. In order to receive a letter of recommendation, teen volunteers are expected to serve a minimum of 75 hours.

In addition, every volunteer must have tuberculin skin tests and a background check. Background check paperwork will require a parent's consent and will be emailed prior to you attending orientation. Teenagers that volunteer during the months of November through April will be required to have a flu vaccination.

We look forward to receiving your application which can be mailed or dropped off. Thank you for your interest in volunteering.

Sincerely yours,

Bonnie Smith

Bonnie Smith
Teenage Volunteer Chairman
1000 36th St Vero Beach FL 32960

Enclosures

APPLICATION - TEENAGE VOLUNTEER
Cleveland Clinic Indian River Hospital

NAME _____ Home phone _____

Cell Ph _____ E-Mail _____

Parent's name-work/cell phone for emergency use only _____

ADDRESS _____
Street/P O Box _____ City/State _____ Zip _____

Age ____ Date of Birth _____ Grade ____ Grade Point Average _____ must maintain a C or better.

Hobbies - Special Interest _____

Name of School _____

Clubs or Organizations _____

Parent's Names _____

Family Physician _____

How did you become interested in the TAVs? _____

List any teenagers you know who are TAVs? _____

Write a paragraph describing what volunteer work means to you and what you expect to gain from the program

Please enclose with application two letters of reference. The letters should be from a teacher, a school guidance counselor, a neighbor, an adult friend, or a member of the clergy. (None from relatives.)

Summer teenage volunteer applications must be submitted by April 30th. TAV must be 15 to 18 years of age. I am willing to submit to the training, supervision, and the rules and regulations of the TAV Program.

CCIRH conducts criminal record checks. Falsification of this or any other information on this application is grounds for dismissal. A conviction does not necessarily disqualify you from volunteering; however, omissions, falsifications or misrepresentations may be grounds for disqualifying you for consideration for volunteering.

Have you ever been convicted of, pled guilty, nolo contendere or no contest, or had any type of adjudication to a misdemeanor or felony? YES _____ NO _____

DATE _____ (Applicant's signature) _____

Parental/Guardian Consent:

We,(I) approve our (my) daughter's or son's participation in the TAV Program and understand the conditions under which he/she may or may not qualify for consideration.

- I authorize Cleveland Clinic Indian River Hospital to give emergency medical treatment to my son/daughter.
- I understand the importance of volunteering at Cleveland Clinic Indian River Hospital, and will encourage my teen to respect the teenage volunteer program's Rules and Regulations.
- I understand that in order for my teen to receive a recommendation letter, he/she must serve a minimum of 75 hours.

(Parent's signature)

PLEASE RETURN COMPLETED APPLICATION TO:

Bonnie Smith, Auxiliary TAV Chairman
1000 36th Street
Vero Beach Fl 32960

revised 8/2/19

Tuberculosis Screening (PPD)

PARENT/GUARDIAN INFORMATION

Hospital employees and auxiliaries must be tested for tuberculosis (TST) at the time of joining our organization, except those with documentation of prior positive results in millimeters. New auxiliaries, whom do not submit proof of having been tested in the past year will receive a second TST one to three weeks after the first, provided the first is negative. Since our teenage volunteers are minors, we will need your consent in order to proceed with testing. Testing is done free of charge. Should a chest x-ray be required, that will also be done free of charge.

Your child will need to return to have the test interpreted within 48-72 hours of administration of the test. If it is not read within that time frame it will need to be repeated.

Should you have any questions, please feel free to call Occupational Health Services at 772-567-4311, extension 2109.

CONSENT

I consent to tuberculosis testing on my _____,

whose name is (Please print) _____.

Signature _____.

Relationship _____.

TUBERCULOSIS SURVEILLANCE

VOLUNTEER NAME: _____ DEPT NAME: AUXILIARY DOB: _____
PLEASE PRINT

REASON FOR TESTING:

New Volunteer _____

HAVE YOU RECENTLY EXPERIENCE:

Pain in the chest when breathing	Yes	No	Long term steroid use	Yes	No
Unexplained weight loss	Yes	No	Productive cough	Yes	No
Fever	Yes	No	Bloody sputum	Yes	No
Night Sweats	Yes	No	Unusual Fatigue	Yes	No

HAVE YOU EVER:

Received BCG Vaccination (not used in the United States)	Yes	No
Had previous reaction to Tuberculin Skin Test	Yes	No
Taken prophylactic medication for latent TB	Yes	No

PPD MUST BE READ 48 - 72 HOURS AFTER ADMINISTRATION

VOLUNTEER SIGNATURE

DATE

DO NOT WRITE BELOW THIS LINE

Administered by: _____ Date: _____

Type: _____ Site: _____ Lot # _____ Exp. Date _____

Interpreted by: _____ Date: _____

Results _____ Comment (if Applicable) _____
(in Millimeters)