

Dear Prospective TAV,

First of all, thank you for considering being a Teenage Volunteer at EAMC. Being a Teenage Volunteer will give you an inside view of the hospital and of some healthcare careers as well as an opportunity to provide service to your community and to work with other like-minded teenagers in grades 9 through 12.

From the attached packet, you will learn that being a TAV is **NOT** a frivolous undertaking. **If you are selected**, you will be expected to make a commitment both to high standards and to **regular attendance**. You must also purchase a set of scrubs as your TAV uniform.

To expedite the ORIENTATION PROCESS, you should **COMPLETE** the attached packet and turn it no later than April 16<sup>th</sup>. Mail the completed application packet to **EAMC— Auxiliary TAVs, 2000 Pepperell Parkway, Opelika, AL 36801**. Take care of the sheets because they must go into hospital files. Your packet will be rejected if it is incomplete, so make sure you fill in every blank and secure every signature on each page of the attached packet, which includes:

1. TAV application for students in grades 9—12
2. EAMC values and standards of excellence
3. Statement of confidentiality
4. Transportation permission and media release form
5. ID badge request form
6. TB skin test and flu shot permission form

TAV leaders will conduct interviews May 16, 21, 22, 23, 29, 30, and June 4 and 5. We will notify you of your selection early in the summer. If you are selected, you must attend an **ORIENTATION MEETING** at the **Education Center (across from EAMC at 2027 Pepperell Parkway)** on **August 16, 2018**, from **4:00-5:30 p.m.** Please arrive on time, so you will not miss any important information. Since this is **your orientation meeting**, be sure to attend. After the orientation meeting, you will be instructed to report to EAMC for a **TB skin test** on Tuesday, **August 28, 2018**, and **return to have the site read on August 30 or 31**. TAVs will begin volunteering the Tuesday after Labor Day, Sept. 4, 2018. If you are not able to commit to the previous dates listed, you cannot be a part of the TAV program. For your knowledge, TAVs do not work on school holidays.

Again, we commend you for your interest in volunteering, and we eagerly look forward to seeing your **completed packet** by April 16<sup>th</sup> and you shortly thereafter.

Sincerely,

*Jennifer S. Roach*

Jennifer S. Roach  
TAV Chairman  
334-749-0815

**East Alabama Medical Center Auxiliary TAV  
APPLICATION for Teenage Volunteers**

M T W T h F

Today's Date \_\_\_\_\_ NAME \_\_\_\_\_  
(Please print legibly as you fill in ALL blanks)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

CONTACT: Phone (Home/cell) \_\_\_\_\_ E-Mail \_\_\_\_\_

School attended \_\_\_\_\_ Grade in August \_\_\_\_ Gender \_\_\_\_ F \_\_\_\_ M DOB \_\_\_\_\_ Age \_\_\_\_

Preferred work schedule \_\_\_\_ Fall (Sept-Dec) \_\_\_\_ Spring (Jan--May) \_\_\_\_ Both Fall and Spring

My special skills include \_\_\_\_\_

I understand I am making a **COMMITMENT** and will be expected to maintain an excellent attitude and good attendance as well as exercise proper behavior at all times.

\_\_\_\_\_  
Student Signature

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**PARENTAL PERMISSION**

Name of parent/guardian \_\_\_\_\_  
(Please print)

Contact phone number(s) \_\_\_\_\_

I grant permission for my child to volunteer at EAMC and to have the required flu shot and "TB skin test." I will provide prompt transportation for my child. (Complete additional transportation permission on page 5.)

\_\_\_\_\_  
(Parent/guardian signature) (Date)

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**CHARACTER REFERENCES** from a non-relative and someone who can vouch for applicant's work ethic Based on my association with this applicant and my knowledge of the applicant's character, integrity, punctuality, work ethic and ability to render service to others. **Call 334-749-0815** to give additional information.

1) \_\_\_\_\_ I heartily recommend \_\_\_\_\_ I recommend with reservations \_\_\_\_\_ I do **NOT** recommend

\_\_\_\_\_  
(Name of reference) (Relationship to applicant) (Phone number)

2) \_\_\_\_\_ I heartily recommend \_\_\_\_\_ I recommend with reservations \_\_\_\_\_ I do **NOT** recommend

\_\_\_\_\_  
(Counselor's signature) (Relationship to applicant) (Phone number)

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**\*REASONS:** Use this space and the backside of this sheet to **WRITE** the reasons why you want to become an EAMC Teenage Volunteer. **(Don't ignore this section!!)**

## **VALUES AND STANDARDS OF EXCELLENCE East Alabama Medical Center**

These values represent our core beliefs, those things we care about most. Values reflect and reinforce our culture. Values are the “soul” of an organization. The 5 core values of EAMC are listed below.

Standards of Excellence are those practices, actions, and behaviors that bring values to “life.” They describe what we and what our customers should see, hear, and/or experience when interacting with each other. (Standards of Excellence are listed as the bullet points under each of the values).

### **Integrity**

- Doing the right thing, even when no one else is looking or listening
- Sharing information and making decisions based on fact and truth
- Living up to moral, legal and ethical standards; (*observing confidentiality rules*)
- Being a dependable source of information for the public
- Practicing responsible use of resources
- Telling the truth, owning up to errors and mistakes
- Being honest and trustworthy in words and actions

### **Compassion**

- Being helpful, kind, friendly and courteous
- Listening and responding without judgment
- Being generous with your time and attention for others
- Connecting with someone on a personal, emotional and/or spiritual level
- Wanting to understand a situation in order to be supportive
- Responding to people with care, concern, tenderness, and sensitivity
- Reassuring and bringing comfort
- Reducing another person’s anxiety, fear, and distress
- Doing for others as you would like done for you

### **Excellence**

- Focus on doing the job right, the first time, every time.
- Make accuracy a priority
- Utilize best practices and lessons learned from others
- Look for ways to continuously improve the way you do your work
- Desire and expect more than “average” outcomes and results
- Be a positive, productive community citizen who reflects favorably on our reputation
- Choose to give your personal best in each situation regardless of what others are doing
- Meet deadlines; communicate and negotiate when you will be unable to meet a deadline

## **Respect**

- Honor the privacy and dignity that all people deserve
- Value cultural diversity; remember that all our differences make us stronger and better
- Listen and respond to others in a way that shows you heard, care and understand
- Give credit where credit is due
- Inform customers about delays and waits
- Refrain from discussing customer's business in public areas
- Always knock before entering a closed door
- Refrain from unprofessional talk and gossip about each other
- Dress neat, clean, and professional – it shows that you respect yourself and others!
- Wear your ID badge if you have one so that it can easily be read by others
- Park where you are supposed to park
- Refrain from using cell phones for personal calls in front of customers

## **Teamwork**

- Acknowledge that everyone brings an area of expertise to the team
- Be willing to sacrifice your own preferences at times for the sake of the team
- Approach your work and community responsibilities with energy and a happy spirit
- Show optimism, positive thinking, and an openness for change and growth
- Provide solutions to problems, be patient, and seek ways to help the team improve
- Take pride in your work and feel responsible for the outcomes of our efforts; complete your task("hit your mark") or find someone who can help you
- Perform your work in a timely manner and pay attention to details
- Commit to the goals of your work area and the organization as a whole; look for opportunities to pitch in and do more than just the minimum
- Celebrate accomplishments of the team's work; build each other up!
- Support the work of other departments – remember how difficult it would be to serve the customers without everyone's involvement
- Communicate frequently with other departments so that care and service to the customer is flawless
- Look for opportunities to improve your skill and share your knowledge with coworkers—everyone wins!
- Be dependable; be a person your teammates can count on; report for work on time
- Think safety – for yourself, for your team, for your customers, for everyone
- Pitch in to help keep grounds and facilities clean and neat; pick up trash, remove clutter from shared spaces and hallways, etc.

I have read all of the above Values and Standards of Excellence of East Alabama Medical Center.

VOLUNTEER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# East Alabama Medical Center Auxiliary TAV

M T W Th F  
confidentiality

## STATEMENT OF CONFIDENTIALITY for Teenage Volunteers

NAME \_\_\_\_\_

I understand and agree that in the performance of my responsibilities as a Teenage Volunteer at East Alabama Medical Center that I must hold in confidence any observation I may see or hear regarding a patient, a patient's family or EAMC staff. I shall not discuss a patient's treatment or EAMC information while performing my volunteer service or afterward when away from the hospital.

Signature of TAV \_\_\_\_\_ Date \_\_\_\_\_

Signature of Volunteer Coordinator \_\_\_\_\_ Date \_\_\_\_\_

# East Alabama Medical Center Auxiliary TAV

M T W Th F  
Media/Transportation permission

## MEDIA PERMISSION

I grant permission for EAMC to take photographs/video footage of my child for the purpose of social media and promotion of the Teenage Volunteer Program.

\_\_\_\_\_  
Signature of parent

## TRANSPORTATION PERMISSION to off-campus worksites

Teenage Volunteers have the opportunity to go to off-campus worksites, initially intended for upperclassmen who had their own transportation. Students with a driver's license and their own car would be able to drive themselves between EAMC and RehabWorks and back. However, many of the other TAVs want to go and depend on other students for transportation between these sites. This was not the original intention and may bring up questions of liability. TAV leaders understand that some TAVs may have established school related carpools, and we are glad for the bonding and friendships that exist. However, for our purposes we must have **signed permission letters** on file from the parent/guardian of both the driver and the riders. We would like it to be signed (with printed name) and dated, and it can be as simple as the following statement:

I, \_\_\_\_\_ grant permission for my TAV \_\_\_\_\_ (name) to  
(printed name of parent/guardian) ride in the car of another TAV to off-campus worksites. I absolve EAMC of any  
responsibility should a mishap occur.

signed \_\_\_\_\_ date \_\_\_\_\_ phone number \_\_\_\_\_

## OR

I, \_\_\_\_\_ grant permission for my TAV \_\_\_\_\_ (name)  
(printed name of parent/guardian)

**to provide transportation** for other students to off-campus worksites. I absolve EAMC of any  
responsibility should a mishap occur.

signed \_\_\_\_\_ date \_\_\_\_\_ phone number \_\_\_\_\_

# IDENTIFICATION BADGE REQUEST FORM for Teenage Volunteers

*Please print all information neatly and legibly.*

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

TITLE TEENAGE VOLUNTEER

DEPARTMENT AUXILIARY TAV

TAV signature \_\_\_\_\_

Date \_\_\_\_\_

As a Teenage Volunteer (TAV) of East Alabama Medical Center, you are required to wear the Identification Badge while working as a volunteer. This badge is for identification and should be visible at shoulder/chest level on your right side at all times. You should wear it when you go for your drink in the cafeteria at the end of your shift. The badge is the property of East Alabama Medical Center and must be returned upon termination of your service. To avoid "losing" or "forgetting" your ID badge, you must turn it in to your leader or other designee before you leave the hospital each time you work. One badge will be made for you free- of-charge. Lost or destroyed badges will be replaced for a charge of \$5.00. Your name will **be printed exactly as you printed it above. Illegible printing may result in a misspelled name.** If you have any questions, see your leader.

Badge received by \_\_\_\_\_ Date \_\_\_\_\_

*(signed by leader or TAV co-chair)*

**INTERVIEWS** will be held at the EAMC Education building, 2027 Pepperell Parkway, Opelika, AL 36801, during the weeks from May 16—June 5. To make sure we can reach you, please give an accurate

E-mail address \_\_\_\_\_ and

Phone number \_\_\_\_\_

# East Alabama Medical Center Auxiliary TAV

M T W Th F  
Flu shot and TB test permission

## TB SKIN TEST PERMISSION FORM for Teenage Volunteers *Please print all information neatly and legibly.*

**STUDENT'S NAME** \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ My child is in good health.  
\_\_\_\_\_ My child was born in a country other than the USA?  
If so, where? \_\_\_\_\_

\_\_\_\_\_ My child has been exposed to BCG.

My child has the following health problem \_\_\_\_\_  
\_\_\_\_\_

The purpose of the Teenage Volunteer program is to introduce students to the hospital, to give them a view of healthcare careers and to provide them an opportunity to perform community service. As the parent (or guardian) of this student, I understand the purpose of the Teenage Volunteer program at EAMC as well as the commitment required and hereby give my consent for him/her to become a volunteer at the hospital and to meet the mandatory health requirements.

**I also give permission for my child to have the required "TB skin test" and to receive the mandatory annual flu shot.**

Parent/guardian's PRINTED NAME  
\_\_\_\_\_

Parent/guardian's SIGNATURE  
\_\_\_\_\_

Parent/guardian's phone/cell numbers \_\_\_\_\_

Date \_\_\_\_\_