

Teen Volunteer Education Program Application



Today's Date: _____ Class Date: _____

Name _____
Last First Middle

Address: _____
Street City Zip

Area Code/Phone: Home (____) _____ Cell (____) _____

E-mail Address: _____ Date of Birth: ____/____/____

Parent/Legal Guardian Information:

Mother's/Guardian's Name Father's/Guardian's Name
_____/_____
Mother's/Guardian's Work Phone/Cell Number Father's/Guardian's Work Phone/Cell Number

School: _____ Grade: _____

Contact Person at School: _____ Phone: _____

If parents/legal guardian cannot be reached, please give an emergency contact:

Name: _____ Relationship: _____

Address: _____
Street City Zip

Home Phone: _____ Work Phone: _____ Cell: _____

Why do you wish to be a Hospice of the Western Reserve Teen Volunteer? (If more space is needed, please attach a separate sheet.)

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Medications student is currently taking: _____

Allergies: _____

Health Concerns: _____

Parental/Guardian Permission

I hereby give permission for my daughter/son, _____ (print name) to participate as a Hospice of the Western Reserve Teen Volunteer. I understand that I am responsible for transporting my teen to their assignments.

Emergency Medical Treatment

Physician: _____ Phone _____

Dentist: _____ Phone _____

Medical Specialist: _____ Phone _____

Local Hospital: _____ ER Phone _____

In the event reasonable attempts to contact me have been unsuccessful:

- I give my consent**
- I do NOT give my consent**

For (1) the administration of any treatment deemed necessary by the above named doctors, or, in the event designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of Parent/Guardian: _____ Date: _____

Addresses (if different from Teen): _____

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Hospice of the Western Reserve Publicity Release

I warrant that I have reached the age of legal majority (18) according to the laws of the State of Ohio.

I hereby consent that the Hospice of the Western Reserve is authorized to use my name, title, portrait, picture, video image, photograph or any reproduction of likeness of me or quotation of my remarks for public information, fund-raising purposes and use of other programs as approved by Hospice of the Western Reserve.

Permission is hereby granted to use personal information about myself, my family and the circumstances of my relationship with Hospice of the Western Reserve as deemed appropriate by Hospice of the Western Reserve.

Name _____ Signature _____

Date _____

OR

I represent that I am the parent/legal guardian of the minor named and represent that I have the legal authority to execute the foregoing consent and release as it relates to the Hospice of the Western Reserve Publicity Release.

Print name of Teen Volunteer _____

Print name of Parent/Guardian _____

Parent/Guardian Signature _____

Address (if different from Teen) _____

Date _____

I have read and understand all information. If I have questions, I will contact the Coordinator of Teen Volunteers at 216.383.5745.

Signature of Teen Volunteer: _____

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Teen Volunteer Information You Should Know

- Hepatitis B vaccinations are recommended. If the vaccinations are not covered by family's private medical insurance, Hospice of the Western Reserve will cover the cost when requested.
- All adult staff that works in our Teen Volunteer Program must have a criminal background check.
- Teen Volunteers will receive education according to the standards set by the Occupational Safety and Health Act (OSHA).
- Teen Volunteers are only to complete assignments with which they and their parent/legal guardian feel comfortable and secure. Teen Volunteers have the choice of accepting or rejecting assignments and may, at any time, feel free to withdraw services on an assignment with explanation to the Coordinator of Teen Volunteers.
- Hospice of the Western Reserve Teen Volunteers are covered by Hospice of the Western Reserve liability insurance as adult staff.
- In the event of an injury the teen's family health insurance will be considered primary payer.
- Transportation to and from volunteer assignments is the sole responsibility of the parent/legal guardian.
- Assignments will be made available in both clinical (direct contact with patient), and support (little or no direct contact with patient) areas. Hospice of the Western Reserve reserves the right to determine which volunteers are assigned to clinical roles.
- Teen Volunteers will not knowingly be assigned to patients with airborne communicable diseases.
- Teen Volunteers will receive safety education that includes knowledge of exit routes, position of fire alarms and use of hand-held radio transmitters for potential emergency use only.

A Hospice of the Western Reserve Volunteer also:

- Agrees to respect the patient's and family's right to be accepted "just where they are". Individuals will be treated with respect and dignity.
- Agrees to notify the Coordinator of Teen Volunteers or Supervisor regarding cancellation of scheduled commitment and to do so before the time of the commitment.
- Agrees to document volunteer activity.
- Agrees to hold commitments to the program in high priority.
- Agrees to assist patients only in ways which have been designated.
- Agrees to not attempt to transfer (move) a patient or to assist in feeding, bathing, or toileting. (This does not apply to moving patient in a wheeled chair when adult staff has previously placed patient in chair.)
- Agrees to seek clarification from the appropriate Hospice of the Western Reserve staff if unclear about any aspect of volunteer role.