Welcome to the TAV Program!

We are so pleased that you are considering joining our Teenage Volunteer Program (TAV). You have the opportunity to do something useful with your time and exploring the possibility of a career in the medical field. Most of all, you will receive the personal satisfaction that comes from helping others.

Our TAV’s serve in many areas of the hospital (e.g. Emergency Department, Intensive Care Unit, Nurses’ Station, Same Day Surgery, etc.)

Teens usually work a minimum of 4 hours per week on duty at the hospital once they have completed their interview/orientation and the necessary paper work, the required TB testing which is done at the hospital after their interview.

We hope that you will make the most of this experience. In order for our program to run smoothly, there are policies that must be learned and lots of information to be absorbed. Our policies are for your safety and health. You will learn more about the program at your interview/orientation. We ask that you have a parent with you for this interview, since there are several permission papers to sign.

Thank for considering volunteer work at Florida Hospital Flagler! We look forward to meeting you!

Please complete and return this application along with an official transcript from your high school as well as two (2) written letters of reference from adult, non family members. All documents must be completed before submitting your application to allow your name to be added to our waiting list. If you are a senior just applying, it would be in your best interest to look for other volunteer work at other organizations.
Florida Hospital Flagler Volunteer Auxiliary
Teenage Volunteer Program (TAV)
Application

Today’s date__________________

Name__________________________________

Address____________________________________
                                          (street)                         (city)                  (state)                (zip)

Home phone_____________ Cell phone_____________ Email __________________

Date of birth_________________ age__________
(You must be at least 15 years of age to volunteer. If you have graduated from HS, you should complete the adult application form)

Name of parent or guardian__________________________________________

Address_______________________________________________

Email address______________________________________________

Emergency Contact Information

Name_____________________________relationship____________________________

Address_______________________________________________

Home phone_____________ Work phone__________ cell phone______________

Allergies ______________________________

Family Physician_____________________________________ phone_____________

Date of last physical exam____________________________

School currently attending ___________________________Grade level__________

G.P.A.________________ Year you will graduate________________

Remember to have your high school send an official transcript to:
Florida Hospital Flagler
Attn: Volunteer Office
60 Memorial Medical Parkway
Palm Coast, FL 32164
Florida Hospital Flagler Volunteer Auxiliary
Teenage Volunteer Program (TAV)
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Requirements for Membership:

1. A student residing in Palm Coast between the ages of 15 and 18 currently enrolled in high school.
2. Time available to work weekly a four hour shift (180 hours per year minimum).
3. Written consent of parent or guardian.
4. Photocopy of immunization record.
5. Two written letters of reference from adults who are non family members
6. Minimum of a C (2.0 GPA.)

Selection will be based on:

1. Interest
2. General Appearance
3. Poise and Maturity
4. References

REFERENCES: i.e. teacher, principal, minister, close family friend
(List names of individuals you will ask to supply a written reference.)

1. Name: ____________________________________________
   Address: __________________________________________
   City/State/Zip: _____________________________________
   Phone: ______________________________

2. Name: ____________________________________________
   Address: __________________________________________
   City/State/Zip: _____________________________________
   Phone: ______________________________

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