

TriStar Centennial

MEDICAL CENTER

Volunteer Services 2300 Patterson Street Nashville, TN 37203
CENT.Volunteers@HCAHealthcare.com
Office 615-342-1753 Fax 615.342.1759

Volunteer Application – Student / Teen

Please print clearly using black ink

Name _____ Age _____
Last First Middle Nickname (as it would appear on your badge)
Home Address _____ City _____ Zip _____
Home Phone (____) _____ Cell (____) _____ Birthday (mm/dd/yyyy) ____/____/____
Social Security # _____ Email Address (required): _____
High School _____ Grade ____ Graduation Year _____

Parents / Guardians:

Name _____ Relationship _____ Cell (____) _____
Name _____ Relationship _____ Cell (____) _____

Volunteer Experience:

Organization _____ Supervisor _____ Phone (____) _____

Schedule Preferences (3-4 hours per week preferred):

Are you able to volunteer 3-4 hours per week on a regular basis for at least 6 months? Y N

Preferred Days/Times _____ How many days/week? _____

Please circle the days of the week you are available: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Volunteer area(s) of interest:

- | | |
|---|--|
| <input type="checkbox"/> First available / current facility needs | <input type="checkbox"/> Departmental / Unit Support |
| <input type="checkbox"/> Hospitality Cart | <input type="checkbox"/> NICU rocker |
| <input type="checkbox"/> Lobby Greeter / Way Finding | <input type="checkbox"/> Children's Hospital |
| <input type="checkbox"/> Patient Mail Delivery | <input type="checkbox"/> Other _____ |

Is volunteering a requirement? Y N If yes, explain: _____

Any condition(s) which may limit your ability to perform volunteer duties? Y N If yes, please explain:

Parent/Guardian Permission

Requires parent/guardian signature

I / We, the undersigned parent(s) or legal guardians of _____, a minor, do hereby authorize and consent to a background check and health screening, including annual TB testing and flu shot, in order for him/her to serve as a student/teen volunteer at TriStar Centennial Medical Center. I / We release TriStar Centennial Medical Center from any claim or liability for any injury or illness resulting to said minor, not occasioned by any fault or neglect on the part of the facility, while participating in such volunteer activities. I / We will encourage compliance with the rules and regulations. He/she is at least 15 years of age and will be punctual and committed to the set schedule. Three (3) unexcused absences from volunteer duty will result in dismissal from the volunteer services program.

Parent/ Guardian Signature _____ **Date** _____

Parent/ Guardian Signature _____ **Date** _____

Student/Teen Volunteer Letters of Recommendation

All students applying for the volunteer program must submit recommendations from two of their current teachers, counselors, pastors, or community leadership, etc. Thank you to these mentors for taking the time to provide this information.

Student/Teen Name _____

I understand the above noted individual is applying to participate in the student/teen volunteer program at TriStar Centennial Medical Center. I believe this individual is an ideal candidate to serve as a volunteer in a hospital setting, is responsible, and can provide compassion and mature judgment. I am confident this student will carry out their responsibilities with a high regard for the rules, policies and guidelines that must be strictly adhered to given the nature of healthcare.

Reference 1: Name _____ Relationship _____ Date _____

Additional Comments: _____

Reference 2: Name _____ Relationship _____ Date _____

Additional Comments: _____

Volunteer at Centennial

Thank you for your interest in applying to volunteer at our hospital and wanting to make a difference! Our goal is to ensure a positive volunteer experience for both you and the organization. Please note if you have experienced a recent death, we ask that you wait at least one year to apply. Also, if you are currently seeking employment, please wait to apply until after you are settled in your new job. All our volunteer placements provide needed volunteer support and are not prospective job openings. Placements are based on service needs in accord with volunteer abilities and availability. Please expect a significant waiting period due to the number of applicants as well as the extensive on-boarding process outlined below.

We accept adult volunteers starting at age 18 post-high school and student/teens ages 15-18.

A hospital volunteer must complete the following requirements:

- Application form / References
- Interview with Volunteer Director or designee
- Background check
- Health / immunization requirements: ****Please begin obtaining copies of proof****
 - ❖ Annual TB screening (within last 12 weeks)
 - ❖ MMR immunity (Measles, Mumps, Rubella) – can be two documented vaccinations or proof of positive titers
 - ❖ Varicella (Chicken pox) screening – can be proof of disease, two documented vaccinations or positive titer
 - ❖ TDAP (Tetanus, Diphtheria, Pertussis) vaccine **as an adult**
 - ❖ Flu shot (seasonal October – March only)
- Volunteer orientation / Obtain hospital ID badge
- Scheduled volunteer service at least 3-4 hours per week for at least 6 months

Applications can be found online at www.TriStarCentennial.com under the careers menu. Application materials can be mailed, emailed or faxed to 615-342-1759. Further information is available by emailing the Volunteer Services Department at CENT.Volunteers@HCAHealthcare.com.

Hospital volunteering requires a lengthy process and commitment. Other more immediate TN volunteer opportunities found at:

www.hon.org

www.VolunteerMatch.org