



Dear Applicant,

We are pleased that you are interested in our summer volunteer program at Tanner Health System. The program will run from June 1<sup>st</sup> through August 1<sup>st</sup> and will be hopefully both enjoyable and educational. The qualifications for this program are:

- Be a student between the ages of 15 and 18.
- Have a 3.0 (B) grade point average.
- Return a COMPLETED application with parental/guardian signature and consents by deadline date.
- Provide two letters of recommendation- One from a school counselor with GPA and attendance records included. No disciplinary actions in the last 12 months.
- Must type answers to essay questions on separate sheet of paper.
- Be available 6 weeks of summer.
- Provide a copy of all required immunizations, including a COVID-19 vaccination.
- Must complete a TB test and submit with application.
- Parent must attend online orientation.
- Student must attend student orientation which will be held **Thursday, May 29, 2025 from 10 a.m. – 3p.m.**

This is a volunteer opportunity, and you do not have to be in a healthcare pathway. It is only required that you meet the guidelines above. There will be opportunities to continue volunteer service thru the school year if invited to do so at the end of the summer. Each year ONLY 50 students are selected for participation – this is a competitive selection program.

Please feel free to ask me any questions you have about this program.

Sincerely,

Jeanette Wheeler  
Director of Volunteer Services  
Tanner Health System

## Tanner Teen Institute Summer Program

We are excited and want to thank you for your interest in the Tanner Teen Institute. Volunteers contribute in many ways by providing great customer service to our patients and their families as well as supporting the professional staff.

The Tanner Teen Institute Summer Program runs from June 1<sup>st</sup> until August 1<sup>st</sup>. This program is designed to expose students interested in healthcare access to the operations of a hospital. Volunteers will have a chance to interact with clinicians and support hospital staff virtually.

### ***About the Program:***

Health Care Career Exploration Classes are informative educational zoom sessions where students can engage with other medical professionals. Students will also have the opportunity to learn about different healthcare career pathways.

Previous Health Care Career Exploration Classes (included but not limited to):

Public Speaking    HR- How to Create A Resume    HR- How to Interview    Customer Service

Hear from medical professionals in: Pharmacy, Behavioral Health, Emergency Management, Respiratory Therapy, Radiology, Lab, Nursing, Physical Therapy, and Nonprofit Management.

**Onsite Volunteer Assignments:** The student will be assigned to a volunteer service area referenced below. Students are placed in service areas based on the needs of the hospital as well as availability.

Examples of Areas of Service (included but not limited to):

Administrative Offices    Health and Community Wellness    Hospital Nursing Units

Gift Shop    Information Desk    Medical Offices

**Tanner Teen Institute Summer Program Commitment:** Each student will participate in onsite volunteer opportunities and education days as well as all virtual assignments and opportunities.

**Verification of Hours:** If the student meets the minimum requirements listed above, they will receive a letter of recommendation from the Director of Volunteer Services at the end of the program.

Thank you for your interest in the Tanner Teen Institute Summer Program!

## Personal Information

Name: \_\_\_\_\_

Home Phone Number

Address: \_\_\_\_\_

( ) \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student Cell Phone Number

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

( ) \_\_\_\_\_ - \_\_\_\_\_

You must be at least 15 years old to volunteer.

Email:

\_\_\_\_\_

Emergency Contact Information:

Relationship to Contact:

Emergency Contact Phone Number:

\_\_\_\_\_

\_\_\_\_\_

( ) \_\_\_\_\_ - \_\_\_\_\_

## Education

Name of High School: \_\_\_\_\_

School Phone Number:

School Address: \_\_\_\_\_

( ) \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Counselors Name: \_\_\_\_\_

What grade will you be in Fall of 202: \_\_\_\_\_

## How did you hear about Tanner Teen Institute?

1. How did you hear about the Tanner Teen Institute?

\_\_\_\_\_

2. Have you ever volunteered with Tanner Teen Institute before?

\_\_\_\_\_

## Availability

You must be available a minimum of 6 weeks out of the summer.

You must attend student orientation in person on Thursday May 29, 2025 from 10a.m. – 3p.m. and 5 other education days throughout the summer.

## References

References should be an adult, not related to you, that you know through school, community, religious institution, or employment.

Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

How do you know this person? \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Questions:

**Please answer the questions below on separate sheet of paper. The answers must be a typed.**

1. Provide three reasons why you would like to volunteer with Tanner Health System.
2. What does customer service mean to you?
3. Give two examples which demonstrate you are a dependable person.
4. Where do you see yourself in three years?

## As a Tanner Teen Institute Volunteer, I understand I am required to:

- Be a student between the ages of 15 and 18.
- Have a 3.0 (B) grade point average.
- A COMPLETED application with parental/guardian signature and consents.
- Provide two letters of recommendation-
  - One letter from a school counselor with GPA and attendance documentation included
  - One letter from someone in the community or teacher
  - Returning TTI students will not be required to have two letters of recommendation.
    - Please submit your latest report card.
- Follow Tanner Health System rules and regulations as specified on the attached liability and teen agreement form.
- Be available 6 weeks of summer.
- Attend student orientation **(Thursday May 29, 2025 from 10 a.m. – 3p.m.)**.
- Program can be done virtually or combined with some in person volunteer opportunities.

**I have fully completed the Tanner Teen Institute application and have read the above listed requirements.**

X

\_\_\_\_\_  
Tanner Teen Institute Student Applicant

\_\_\_\_\_  
Date

X

\_\_\_\_\_  
Parent or Legal Guardian of Student

\_\_\_\_\_  
Date

## Medical Release/Parent Liability Form

Student Name \_\_\_\_\_

Parent (s)/Guardian \_\_\_\_\_

Parent(s)/Guardian contact phone # \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Phone # \_\_\_\_\_

### **AGREEMENT AND RELEASE OF LIABILITY**

In consideration of my minor child being allowed to participate in the activities and programs of Tanner Health System Volunteers and to volunteer at its facilities, I do hereby waive, release and forever discharge Tanner Health System and its directors, officers, agents, employees, representatives, successors, executors, and all other form and all responsibilities or liability for injuries or damages resulting from my child's participation in any volunteer activities. This includes occasions when my child may be transferred or transported by Tanner Health System personnel to various sites owned or operated by Tanner Health System or its strategic affiliates. I do also hereby release all of those mentioned and any other acting upon their behalf from any responsibilities of liability for any injury or damage to my child, including those caused by the negligent act or omission of any others not released under this Agreement in any way arising out of or connected with my child's participation in any activities of Tanner Health System.

### **Parent/Guardian please initial the appropriate agreement statements.**

\_\_\_\_\_ I give permission for my child to serve as a Tanner Teen Volunteer

\_\_\_\_\_ I give permission for immediate emergency medical treatment if needed. Notify me and/or any person listed above as soon as possible.

\_\_\_\_\_ I Do Not give permission for emergency medical treatment until I have been contacted.

\_\_\_\_\_ I give permission for a Mandatory TB Skin Test and I verify my child has not been treated for exposure to tuberculosis or had a previous positive TB Skin Test.

List all allergies, medication reactions or other conditions that may need to be known in an emergency situation:

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Tanner Health System

### Protected Health Information Confidentiality Agreement for Volunteers

During your association with Tanner Health System, you will come in contact with confidential information. Confidential information about patients such as, diagnosis, condition, or name, must never be discussed with anyone unless needed for the direct plan of treatment and then only with those who are directly involved with the patient's care.

In consideration of my association with Tanner Health System, I hereby agree that will not at any time during my association with Tanner Health System, or after my association ends, access or used protected health information, or reveal or disclose to any persons within or outside the Tanner Health System, any protected health information.

I also understand that unauthorized use or disclosure of such information will result in termination of my association and possibly the imposition of fines pursuant to HIPAA law.

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Signature of Volunteer

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Date

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Signature of Parent/Guardian (if minor)

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Date

# Photography Release Form

## Tanner Teen Institute 2025

I give Tanner Health System permission to publish in print, electronic, or video format the likeness or image of my child including possible publishing on the Tanner Health System Facebook page. I release all claims against Tanner Health System with respect to copyright ownership and publication including any claim for compensation related to use of materials.

Student's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



## Tanner Teen Institute Summer Program Check List

### Application

- Filled out application completely.
- Included the essay questions (typed on separate piece of paper)
- Copy of GPA
- Copy of Attendance Record
- Copy of Immunization Records
- Copy of TB test
- Recommendation Letters (2)
- Signed Parent Medical Liability Release Form

### Mail application to:

Volunteer Services Department  
Tanner Medical Center  
705 Dixie Street  
Carrollton, Georgia 30117

### Applications are due on Friday April 4, 2025.

After your application has been received by Volunteer Services it will be reviewed. This review process could take up to three weeks. You will be notified by mail of the status of your application to the Tanner Teen Institute Summer Program.

If you are accepted, you are required to attend a **Student and Parent Virtual Orientation**.