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Teen Volunteer Program Expectations
1. Teen Volunteer Commitment: Teens are required to provide service a minimum of two service shifts a week for 5 weeks
of the program which runs from 6/8/2020 to 7/31/2020. Service shifts are from 9:00 a.m. – Noon or 1:00 p.m. – 4:00 p.m.
on Monday, Tuesday, Wednesday, Thursday or Friday. The WHARF Gift Shop has service shifts available from 4:00 –
7:00 p.m. and on the weekends. Please note that teens who do not complete the minimum service requirement will
have it documented on school or verification forms. In addition, the teen will not be invited back as a returning
teen in 2021.
2. Absences: Teens are required to email teen_program@tgh.org when they are going to be absent from their scheduled
service shift. Failure to provide notification prior to the start of the scheduled service shift may result in removal from the
service area. When planning a vacation, please let the Volunteer Services Department and service department know as
far in advance as possible. Please note that all teens are responsible for ensuring they meet the minimum service
requirements.
2. Artificial Nails: Absolutely no artificial nails. This includes wraps, acrylics, tips, tapes or nail jewelry.
3. Confidential Information: All information that the teen may hear directly or indirectly concerning patients, doctors or team
members is confidential. The teen may not seek to obtain confidential information concerning a patient that they have no
reason to obtain in order to perform their duties. A breach of confidentiality includes but is not limited to: any unauthorized
disclosure of patient and/or employee information to third parties or gaining access to patient and/or team member records
or any other information for any purpose other than necessary for volunteer purposes.
4. Credit for volunteer hours: The teen must sign in/out each day they are performing service. There is a sign-in computer in
the Volunteer Services office. If the office is closed, the teen will sign in and out in the Afterhours Sign-In/Out book located
at the East Pavilion Information Desk (across the hall from McDonald’s). Please print clearly and legibly. If the teen fails to
record their hours, we are unable to credit them for service. Badge and meal card must be turned in at the end of the
program in order to receive their service hour documentation letter.
5. Hospital Policies and Procedures: Teens are required to follow hospital policies and procedures at all times as outlined in
hospital orientation, hospital policy, or e-learnings.
6. Meal Allowance: A Meal Card will be assigned to each teen volunteer. This card may be used in the cafeteria (not at
McDonalds or Starbucks) for $7.50 per day. This may be used for meals or snacks and is good only on the day of service.
The meal card must be returned at the end of the program to Volunteer Services.
7. Parking: Teens will park in the employee side of the TGH parking garage by using their badge to enter.
8. Professionalism: Teens are required to communicate and demonstrate behavior that is professional and mature at all
times and accept supervision graciously. Cell phones must be kept out of sight at all times while providing service. Teens
observed using profanity, inappropriate gestures, or sleeping while on duty will be immediately sent home, and depending
on the infraction, the teen may be removed from the program. Please note that TGH has video cameras all over the
hospital.
9. TGH Badge: All teens are issued an ID badge, which should be worn in an upright, readable position. They must always be
visible, worn on the upper body and on the outer most layer of clothing. The ID badge must be returned at the end of the
program to Volunteer Services.
10. Uniform: The required teen uniform consists of the TGH teen volunteer polo shirt and khaki pants (or capri/crop pants).
Jeans or shorts are not permitted. Teens must wear closed-toe shoes. Flip flops or other open-toed shoes are not permitted.

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11. Volunteer Placement: Teens will provide their availability to Volunteer Services and we will make every attempt to
accommodate these requests, based on the needs of the departments.
12. Volunteer Service Area: Teens are required to stay within their designated area(s) of service during their scheduled
assignment. If the teen leaves their service area for a break, they must notify their point of contact for their service
department. If the department is out of tasks, the teen volunteer is to return to Volunteer Services (F129).

Teen and Parent/Guardian
Acknowledgement of Expectations and Consent
I understand that I must abide by Tampa General Hospital policies and procedures at all times. If I demonstrate that I am
unwilling or unable to meet the expectations below, then my parent/guardian will be contacted, and I will need to leave the
hospital immediately.
I will provide service to the highest quality and understand that my services are donated to the hospital without contemplation
of future employment. I will uphold the core values and shared purpose of Tampa General Hospital. I have read and understand
the above guidelines and agree to comply. If I fail to do so, I understand that the following actions will be taken:
a. Verbal warning given and documented in file. A copy provided to the parent/guardian.
b. Written warning given and documented in file. A copy provided to the parent/guardian.
c. Service will be discontinued. Certain infractions will cause some or all steps of disciplinary action to be skipped,
up to and including immediate removal from the program (i.e. sleeping while on duty, falsification of hours, stealing,
failure to report absence for two consecutive service shifts, etc.).
I hereby give consent for my minor child to be a Tampa General Hospital Teen Volunteer. In regard to my child's participation,
I hereby agree to release and hold harmless Tampa General Hospital, Volunteer Services Department, and its agents, team
members and representatives, of and from any and all liability of any kind or nature whatsoever in connection with any loss,
damage, or expense suffered unintentionally, by (1) any person who is not an agent, employee, or representative of Tampa
General Hospital Volunteer Services Department, or (2) any other volunteer.

Based on my teen’s involvement in the Teen Program my complete consent is provided for the following:
a. My child may be taken into all areas of the hospital, including the Emergency Department.
b. My child may observe surgical procedures under appropriate supervision. I understand that as a volunteer, my child
may observe unpleasant things or medical procedures which may make him/her uncomfortable or ill. Neither TGH
nor the unit to which my child is assigned shall be liable if this occurs.
c. I hereby grant permission for TGH Team Member Health and Wellness and/or the TGH Emergency Department to
evaluate and provide immediate treatment for the above-named minor for any communicable disease exposure or
injury that occurs in the course and scope of their volunteer duties at Tampa General Hospital.

Parent/Legal Guardian:
 Printed Name Signature Date
Teen Volunteer:
 Printed Name Signature Date