Vidant Beaufort Hospital
Junior Volunteer Application
2017

Please direct any questions to
Volunteer Services
Vidant Beaufort Hospital
628 E. 12th Street
Washington, NC 27889
975-4195

Completed application must be received by
4:00 pm on Friday, March 24, 2017
Thank you for your interest in the 2017 summer junior volunteer program. Due to the large number of students interested in our program it is essential that you pay close attention to the information given and that you are aware of the deadline by which this information must be returned to the Volunteer Services Department. There are limited spaces available; late or incomplete packets will not be considered. Interviews will be scheduled given the application packet is complete and received by 4:00 pm on Friday, March 24, 2017. There will be no exceptions to the deadline and requirements stated.

Mandatory orientation will be held on Friday, June 9th. Times will be given when acceptance letters are sent. Orientation is mandated by The Joint Commission, a government agency that accredits hospitals. If you are unable to attend orientation on Friday, June 9th, our policy will not permit you to participate this year.

This year the junior volunteer program will run from June 12th-August 11th. Each volunteer is required to volunteer one half day each week, which will be assigned and remain the same throughout the summer. Each volunteer must volunteer a minimum of 32 hours in order to complete the program and be eligible to return as a volunteer during the school year and/or the following summer. You must be available to work your regularly scheduled shift during at least 6 weeks out of the 9-week program. Eight shifts are required to complete the 32 hour commitment; make-up shifts will be scheduled according to both the individual volunteer and the volunteer department needs.

To be considered you must:
- Have graduated from the 8th grade and be at least 14 years old by June 12, 2017.
- You must have at least a “B” average.
- You must be free of any disciplinary infractions.
- Your schedule must allow you to be free to volunteer a minimum of 32 hours between June 12th-August 11th. You must be available to work your regularly scheduled shift during at least 6 weeks out of the 9-week program. (If you have more than 3 weeks of vacation, camp, or other summer activities scheduled, you do not qualify.) You are responsible to work through the week of August 7th–11th even if you complete 32 hours before that time. **Please do not complete this application if you are not serious about this opportunity and dedicated to serving.**
- Volunteer orientation and training are time consuming; therefore you **MUST** be able to attend orientation on Friday, June 9th. If you cannot attend, you cannot volunteer.

If you meet the above qualifications:
- Read through the application and become familiar with all the requirements. We have a limited number of openings; therefore the application and interview process is extremely important. **Our evaluation of your application will include how well you follow directions.**
- Complete your application form being careful to **include signatures where indicated.** This form must be completed by the student applicant, not parent/guardian.
- **Carefully** read and sign the Junior Volunteer Contract. Have a parent/guardian read and sign the contract.
- Have your parent/guardian read and sign the PPD consent form.
- Have your parent/guardian read and sign the Consent Waiver and Release form.
- A copy of your shot record must be submitted with your application. Please read carefully and confirm that you have had the following requirements. You must have proof of having had 2 Measles, Mumps and Rubella (MMR) vaccinations or positive titer for MUMPS, Rubella and Rubeola; proof of 2 Varicella vaccinations or a positive Varicella titer; proof of 3 Hepatitis B vaccinations or positive titer for Hepatitis B; and a Tdap within the last 10 years. (See the attached letter from Occupational Health.)
- A copy of your report card (or school transcript) for the most recent grading period, confirming that you have at least a “B” average must be submitted with your application.
• Write your name on the applicant line of both teacher recommendation forms and make sure you and your parent/guardian sign the “permission to release information” on page 2. Take the appropriate teacher recommendation form to your Math or Science teacher and your English or History teacher. The recommendations must be returned to you in sealed envelopes with the teachers’ signatures across the flaps. **Unsealed and/or unsigned references will not be accepted.**

• Mail or bring the completed and signed application, the signed contract, the signed PPD consent form, the signed Consent Waiver and Release form, a copy of your shot record (new applicants), a copy of your report card for the most recent grading period, and your two teacher recommendations in sealed envelopes with the teachers’ signatures across the flaps to the volunteer office at the address on the front of your application. **These must be received by 4:00 pm on Friday, March 24, 2017.** Without all of these requirements, your application is not complete, and therefore, you will not be considered as a potential volunteer.

• Once we have received all correctly completed and signed application documents, and have confirmed that you meet the junior volunteer qualifications, we will call you to set up an interview. **If all required documents are not received by 4:00 pm on Friday, March 24th, we consider your file incomplete, and you will not be called for an interview.** (Even though returning volunteers are not required to interview, all required documents must be received by the March 24th deadline.)

• **IF accepted into the program** you will be asked to call our occupational health nurse to set up an appointment for your occupational health screen. New volunteers are required to have 2 PPD skin tests; returning volunteers will need 1 PPD skin test, the other can be taken from last year. (See attached letter from Occupational Health.) You will need to return 2-3 days after your PPD skin test has been administered to have it read.

• If accepted as a volunteer you must attend orientation class on Friday, June 9th. The location and time will be given when acceptance letters are sent.

Your application is complete when we have received **ALL** of the following documents:

- Completed and signed application
- Signed Junior Volunteer Contract
- Signed PPD Consent form
- Signed Consent Waiver and Release form
- Copy of Shot Record (all new applicants) showing proof of completed occupational health requirements (see attached letter from Occupational Health)
- Copy of report card or transcript for the most recent grading period
- English/History Teacher Recommendation in sealed envelope with teacher signature on flap
- Math/Science Teacher Recommendation in sealed envelope with teacher signature on flap

Feel free to call Mrs. Hamblin (975-4195) with any questions or to verify receipt of your application requirements.

*The deadline for your completed application is 4:00 pm on Friday, March 24, 2017.*

*NO EXCEPTIONS.*
Vidant Beaufort Hospital – Junior Volunteer Application
Must be completed by the student applicant
Application Deadline – 4:00 pm, Friday, March 24, 2017

Name________________________________________________________  Date__________________
(Middle)                           (First)                             (Last)
Mailing address: __________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
Phone numbers: #1_____________________________  #2_____________________________
Social Security Number: __________________ Birthdate: ___/___/__  E-mail:____________________________
In case of emergency notify: __________________________________ Relationship: ___________________________
Emergency phone numbers:
Cell: _________________________Work:___________________________Home:___________________________

Current School: _______________________   Grade Level: ______ _____      GPA: ____________
Have you ever been suspended from school? _________  If so, why? _______________________

Please list any activities that you are involved in throughout the school year and summer, including: employment, volunteer work, hobbies, clubs, sports, and/or community organizations. Also, please list any academic honors you have received.

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

List prior experience as a volunteer: _________________________________________________
                                                                                      __________________________________
Do you have any relatives or close relationships at Vidant Beaufort Hospital? If so list name, relationship, and department.

Name: _______________________ Relationship: __________________ Department: ______________
Name: _______________________ Relationship: __________________ Department: ______________
Name: _______________________ Relationship: __________________ Department: ______________
Following is a list of junior volunteer placement opportunities. Please indicate the area(s) in which you are interested in working. You may check as many opportunities as you wish.

- Volunteer Workroom
- Front Lobby Reception Desk
- Gift Shop
- Emergency Dept. Reception Desk
- Radiology
- Outpatient Surgery
- Staff Services
- Cardiopulmonary
- Physical Therapy
- Marketing/Public Relations
- Materials Management
- Lab
- Marion L. Shepard Cancer Center
- Vidant Internal Medicine Washington
- Vidant Family Medicine Washington
- Vidant Women’s Care Washington (1204 Brown St.)
- Vidant Women’s Care Washington (1210 Brown St.)
- Vidant Family Medicine Aurora
- Vidant Family Medicine Chocowinity
- Vidant Orthopedics Washington

Which days are you most available to volunteer? Rank in order of preference from 1-3 (1 being your top choice).

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

List days you are unable to work: ____________________________________________________________

Which shift do you prefer? Morning_____ Afternoon_____

Is there someone you must work with for transportation or other reasons? Name: ____________________________________________________________

Reason: ________________________________________________________________________________

Polo shirt size: S______ M______ L______ XL______ 2XL______

Although we will do all we can to accommodate each request, we cannot guarantee you will get the placement, day and/or time you request. Once you are scheduled, you will be accountable for that placement, day and time. The volunteer placements must be adequately staffed during all appropriate shifts. Remember, you must be available to work at least 6 of your regularly scheduled shifts. A total of 8 shifts are required to complete the 32 hour commitment.

Please answer the following 3 questions.

1. How do you feel you can make a difference at Vidant Beaufort Hospital? Please list any special skills you feel could benefit our patients, staff and visitors.
This application must be signed by both the applicant and a parent/guardian and be received by 4:00 pm on Friday, March 24, 2017.

2. What distinguishes you from your peers? Why should you be chosen to be a junior volunteer here at Vidant Beaufort Hospital?

3. What do you hope to gain from participating in Vidant Beaufort Hospital’s 2017 summer junior volunteer program?

By submitting this application I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a junior volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Applicant’s Signature: _________________________________ Date: ________________

I have read my child’s completed application and all registration information. I confirm that all information is correct as stated and consent to allow my child to apply and be considered for the summer junior volunteer program.

Parent/Guardian Signature: _________________________________ Date: ________________
Signing a contract is a serious obligation. Your signature means you promise to abide by the rules stated therein. Volunteering in a hospital is also a very serious obligation. It is not a place to be silly, immature, loud, or hasty in making decisions. Please evaluate yourself carefully before you agree to this contract. If it is broken, you are subject to dismissal. If you are dismissed, you will not be eligible to volunteer at Vidant Beaufort Hospital again. All junior volunteers are evaluated during their summer of service. This evaluation determines if a teen is eligible to return as a volunteer the following summer.

I. Personal Appearance
   • Junior volunteers will be issued a Vidant Beaufort polo shirt. This is to be worn with solid khaki, white, or black pants (no blue jeans, denim of any color, stretch pants, shorts or capris). Pants are not to be worn lower than the waist and shirttails must be tucked in at all times. If the pants have belt loops, a belt must be worn. Females may also wear solid khaki, white, or black skirts of professional length; no more than 3 inches above the knee.
   • ID badges are to be visible at all times and worn above the waist so that your photograph and name are visible.
   • Shoes should be comfortable and have soft soles. Jogging shoes or tennis shoes are acceptable; slings, flip-flops, or open-toed shoes are not acceptable.
   • Simple, tasteful, conservative jewelry is allowed. You may wear up to two earrings per ear. Jewelry that dangles is a safety hazard and is not approved. You may wear up to two finger rings. Numerous rings can harbor germs. Visible body piercing, other than ears (e.g. face, head, neck, tongue, nose) are not allowed.
   • Nails must be clean and at moderate length. Artificial nails are allowed, but must meet the following guidelines: trimmed as to avoid harm to patients, visitors, employees, or other volunteers. Nail tattoos, decals, or piercing are not allowed. Nail polish must be unchipped and freshly applied.
   • Hair must be neatly groomed; color must be natural-looking (e.g. black, blonde, brown, red, gray, white); unnatural colors (e.g. purple, green, yellow, bright red) are not allowed; extreme hairstyles (e.g. mohawks) are not allowed. Hair that touches the shoulders must be tied back.
   • Visible tattoos which are small and inoffensive are allowed. Visible tattoos which are large, offensive insulting, lewd, crude, portray or represent nudity, vice, or crime, contain profanity, and/or reflect a negative image to our customers are not allowed.
   • All junior volunteers must be clean and neat when reporting to work. Do not come to work looking as if you just got out of bed. Volunteers are to remain in uniform the entire time they are on duty.

II. Behavior
   • Adults are to be addressed as “Mr.,” “Mrs.,” “Ms.” or “Dr.,” even if an employee is a relative or friend.
   • It is important that we always be able to locate you when you are on duty. Therefore you should either be in your work area, on a job, or eating lunch; after completing a job you should return immediately to your work area. You are never allowed to leave the hospital while on duty, except with a parent or guardian and prior approval from Mrs. Hamblin or your immediate supervisor.
   • No gum, smoking, profanity, or illegal substances are permitted.
   • Please do not visit staff or other volunteers while on duty.
   • Loitering is not permitted.
   • You are not allowed to have visitors while volunteering.
   • Loud talking, gathering in the halls, running and “horseplay” are not appropriate.
   • Cell phones may not be used in the hallways, stairwells, or elevators.
III. Personal Responsibility

- Junior volunteers should be in their assigned area, prepared to work, at their assigned shift start time and stay until their assigned shift end time. Your hours will be adjusted accordingly if you arrive late and/or leave early.
- Junior volunteers must complete a minimum of 32 hours between June 12 – Aug. 11, 2017. Junior volunteers must be available to work their regularly scheduled shift at least 6 out of the 9 week program. Eight shifts are required to complete the 32 hour commitment; make-up shifts will be scheduled according to both the individual volunteer and the volunteer department needs.
- Junior volunteers unable to work on their assigned day must notify Mrs. Hamblin in advance and may be responsible for getting a substitute.
- It is your responsibility to get the necessary transportation to and from volunteering.
- Two failures to notify the volunteer office of anticipated absences will result in dismissal.
- Unwillingness to take turns in responding to assignments will not be tolerated.
- Lack of appropriate response to two warning of the same nature will result in dismissal.

Student Applicant:

I have read and understand this Junior Volunteer Contract and, if accepted into the program, will abide by all the rules included therein. I realize that if I do not honor this commitment I will not be eligible to return as a junior volunteer next summer.

*Junior Volunteer Applicant’s Signature

_________________________________________   Date__________________

Parent/Guardian Commitment:

We are glad that you are allowing your teenager to submit this application, however, please ensure that they truly desire to be a part of our program. Persuasion by the parent often results in little dedication and a lackluster performance.

Please read and sign below:

My teenager has expressed an interest in volunteering at Vidant Beaufort Hospital and has my permission to do so. Both my teenager and I understand that she/he must be available to work her/his regularly scheduled 4 ½ hour shift at least 6 weeks out of the 9 week program; serve a minimum of 32 hours during the 9 week program; and work through the week of August 7th-11th, even if the 32 hour commitment is met prior to that week. I have read and understand the Junior Volunteer Contract. If my daughter/son is accepted into the program I agree to support the Volunteer Department in enforcing the rules as stated. I realize that if my daughter/son does not honor this commitment she/he will not be eligible to return as a junior volunteer next summer.

*Parent/Guardian’s Signature

_________________________________________   Date__________________

*Please note: This contract must be included with the completed application and received by 4:00 pm on March 24, 2017. You are encouraged to ask questions about any part of this contract that you do not understand BEFORE signing it.
TO THE EVALUATOR: Our junior volunteer program is a 9-week summer program that introduces the student to possible careers in the healthcare industry, while allowing them to contribute to their community, their résumés, and their self-esteem. We have a limited number of positions, therefore the application process is very competitive. **Working in a hospital requires that a student be exceptionally responsible and display a high level of maturity. We appreciate your honest evaluation of this applicant.** Students are evaluated on their school performance, their completed application with essay, interview, and two teacher recommendations. All information submitted is treated confidentially. The deadline for receipt of all applications, including teacher recommendations is 4:00 pm on Friday, March 24, 2017.

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English or History Teacher Recommendation Form
Vidant Beaufort Hospital Junior Volunteers

Are you aware of any significant disciplinary actions that have been taken against this student? If so, please explain.
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

If you were a patient at Vidant Beaufort Hospital would you want this student assisting you? Yes  No  Not Sure

Please include any additional comments that might be helpful in evaluating this student.
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

If you have any questions regarding this recommendation please feel free to contact the Volunteer Office at 975-4195. We sincerely thank you for completing this recommendation. Please return this completed recommendation to the student in a sealed envelope with your signature across the flap. All information will be kept confidential.

Teacher's Signature: _________________________________________ Date: ______________

STUDENT AND PARENT/GUARDIAN MUST COMPLETE THE FOLLOWING BEFORE GIVING TO TEACHER.

My signature gives you permission to release this information to the Vidant Beaufort Hospital Volunteer Services Department.

Signed (Student): ____________________________ Date: ______________

My signature gives you permission to release this information to the Vidant Beaufort Hospital Volunteer Services Department.

Signed (Parent/Guardian): ____________________________ Date: ______________

Application deadline is 4:00 pm on Friday, March 24, 2017.
Math or Science Teacher Recommendation Form
Vidant Beaufort Hospital Junior Volunteers

Applicant’s Name: ____________________________ Date: ______________
Teacher’s Name: ______________________________ Subject: Math  Science
School: ______________________________________

I have known this student for _____ semesters.

*His/her numeric grade in my class (i.e. 96) ______ (THIS MUST BE FILLED IN. THE PARENT/GUARDIAN SIGNATURE ON THE BACK OF THIS FORM GIVES PERMISSION TO RELEASE THIS INFORMATION.)

TO THE EVALUATOR: Our junior volunteer program is a 9-week summer program that introduces the student to possible careers in the healthcare industry, while allowing them to contribute to their community, their résumés, and their self-esteem. We have a limited number of positions, therefore the application process is very competitive. Working in a hospital requires that a student be exceptionally responsible and display a high level of maturity. We appreciate your honest evaluation of this applicant.

Students are evaluated on their school performance, their completed application with essay, interview, and two teacher recommendations. All information submitted is treated confidentially. The deadline for receipt of all applications, including teacher recommendations is 4:00 pm on Friday, March 24, 2017.

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Vidant Beaufort Hospital Junior Volunteers

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Please include any additional comments that might be helpful in evaluating this student.
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If you have any questions regarding this recommendation please feel free to contact the Volunteer Office at 975-4195. We sincerely thank you for completing this recommendation. Please return this completed recommendation to the student in a sealed envelope with your signature across the flap. All information will be kept confidential.

Teacher’s Signature: _________________________________________  Date: ______________

STUDENT AND PARENT/GUARDIAN MUST COMPLETE THE FOLLOWING BEFORE GIVING TO TEACHER.

My signature gives you permission to release this information to the Vidant Beaufort Hospital Volunteer Services Department.

Signed (Student): _________________________________________  Date: ______________

My signature gives you permission to release this information to the Vidant Beaufort Hospital Volunteer Services Department.

Signed (Parent/Guardian): _________________________________________  Date: ______________

Application deadline is 4:00 pm on Friday, March 24, 2017.
DATE: January 2017
TO: Junior Volunteer Applicants

The following vaccinations and/or titers are **required** for our junior volunteers at Vidant Beaufort Hospital. **Your immunization record showing proof of the following must be submitted with your application:**

- Record of 2 MMR vaccinations or positive titers for MUMPS, Rubella and Rubeola
- Record of 2 Varicella vaccinations or a positive Varicella titer
- Record of 3 Hepatitis B vaccinations or a positive Hepatitis B titer
- Tdap within the last 10 years

**IF you are accepted into our junior volunteer program,** you will receive notification to contact our Occupational Health department to set up an appointment for the following:

- 2 current PPD skin tests (within the last 2 years) for new volunteers. For returning volunteers, 1 can be taken from the past year and one at time of OH screen.
- **If you have had a past positive PPD, we need verification and a current chest x-ray within 2 years and a current TB screen.**

If you have been a junior volunteer here in the past, we should have all of your immunization records as well as your PPD skin test from 2016. In that case, you will only need 1 new PPD skin test placed.

Please contact me if you have any questions regarding the information listed above.

Leysi Gladding, RN, BSN
JUNIOR VOLUNTEER PROGRAM

CONSENT FOR PPD (TB SCREENING)

By my signature, I consent for ____________________________ (please print name) my son/daughter to receive the PPD skin test. I understand that this test is administered annually to all Vidant Beaufort Hospital employees and volunteers to check for possible exposure to Tuberculosis.

This is not a vaccination and does not contain any live viruses. There is a risk of a local allergic reaction (slight swelling and redness at the injection site). This test is administered per NC State Regulations regarding the monitoring of Tuberculosis and Tuberculosis exposure in the health care setting.

This test will need to be read 48 to 72 hours after administration.

Name of Junior Volunteer (please print): ____________________________

Name of Parent or Legal Guardian (please print): ____________________________

Signature of Parent or Legal Guardian: ____________________________

Date: ____________________________
**Consent Waiver and Release**

I hereby give permission to Vidant Health, and its subsidiaries and affiliated entities, including, but not limited to Vidant Medical Center; Vidant Health Foundation, Inc. d/b/a Vidant Medical Center Foundation, Inc. d/b/a Vidant Health Foundation, Inc.; HealthAccess, Inc.; SurgiCenter of Eastern Carolina, LLC d/b/a Vidant SurgiCenter; Vidant Health Physicians, LLC d/b/a Vidant Medical Group; East Carolina Health d/b/a Vidant Community Hospitals; East Carolina Health-Beaufort, Inc. d/b/a Vidant Beaufort Hospital; East Carolina Health-Bertie, Inc. d/b/a Vidant Bertie Hospital; East Carolina Health-Chowan, Inc. d/b/a Vidant Chowan Hospital; East Carolina Health-Heritage Inc. Vidant Edgecombe Hospital; East Carolina Health d/b/a Vidant Roanoke-Chowan Hospital; Duplin General Hospital, Inc. d/b/a Vidant Duplin Hospital; The Outer Banks Hospital, Inc.; and collectively “Vidant Health entities,” to record, reproduce, publish, print, film, photograph, video, prepare, use or exhibit in any form whatsoever, including but not limited to electronically or digitally, by name, picture, image, portrait, likeness, voice, or any and all of them for the use noted below and without by prior examination of the finished product.

Any picture, portrait, photograph, photo transparency, audiovisual illustration, computer file, electronic image or other likeness constitutes the property of the Vidant Health entities and may be used without prior examination of the product.

I hereby waive my rights (or my child’s rights) to privacy in connection with the consent given above and I hereby voluntarily waive, release discharge and agree to defend, indemnify and hold harmless Vidant Health entities, each of their successors, assigns, affiliates and subsidiaries; each of their directors, officers, trustees, agents and employees from any liability for any and all claims or causes of action I, my heirs or assigns might now or hereafter and further agree that this consent will not be made the basis of a future claim of any kind.

By affixing the signature below, I _____________________ (print name) hereby certify that I have read and understand this CONSENT WAIVER AND RELEASE.

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