

ORLANDO HEALTH[®]



Teen Leadership Council Application

APH needs some TLC! Who knows the hospital better than the patients? The Teen Leadership Council began at Arnold Palmer Hospital for Children in March 2018!

The Teen Leadership Council is a dedicated group of adolescents, ages 13-19, who use their former or current hospital experiences and voices to make Arnold Palmer Hospital the **BEST HOSPITAL POSSIBLE** for teens and young adults.

TLC participants must also:

- Be a patient or a sibling of a current patient of Orlando Health, impacted by a frequent, chronic, or life altering condition
- Be able to commit to onsite meetings on Sundays, every other month, for one year (maximum of 2 terms) and at least two additional volunteer requirements. Please see following page for more details.

The **Teen Leadership Council** needs **YOU!**

If you meet the necessary requirements and want to make a difference at your hospital, Please submit the attached application and completed recommendation form by

July 13th, 2018 to the R-Teen-Leadership-Council@Orlandohealth.com, or by mail to:

Child Life Department, ATTN: TLC,

92 W. Miller St. MP 309,

Orlando FL, 32806

Any questions, please contact-

R-Teen-Leadership-Council@orlandohealth.com

Teen Leadership Council Guidelines for Membership

TLC membership requires a one year commitment, including:

- Sunday evenings, every other month, from 4-6PM (Specific dates TBA)
 - Attendance is vital to a successful TLC. Members who cannot attend at TLC meeting should notify the TLC facilitators as soon as possible. Attendance records will be reviewed on a regular basis and members with frequent absences may be asked to resign membership to the TLC.
 - Please consider other extracurricular activities and their meeting times as part of your application and your ability to commit to the required TLC meetings
 - We understand that hospitalizations happen and are often unpredictable! Absences for medical reasons will be accommodated to the best of our abilities through collaboration with you, your family, and care providers
- There is a two term maximum for membership
- There are NO fees for membership

Membership Responsibilities:

- Members will:
 - Improve patient experiences and overall quality of life with meaningful feedback and strategic input to leadership from the adolescent and young adult perspective and by organizing and executing behind-the-scenes adolescent and young adult focused projects
 - Use their voices to provide guidance on issues which impact the care of hospitalized adolescents and young adults
 - Channel their love for APMC into the day-to-day needs of other APMC adolescent and young adult patients and families
- Other responsibilities include:
 - Volunteering at two hospital related events yearly (examples include Arnie's March, Walk for Winnie, child life department special events in the atrium, hospital Trick-Or-Treat etc.)
 - If comfortable, serving as a media ambassador for promotional materials related to adolescent programming at APMC (HIPPA consent form will be obtained)
 - Special event planning for teens and young adults (examples include Prom, Halloween event, and ugly sweater holiday party)

Application Process:

- Complete and submit finalized application packet (application and recommendation form) by either email to R-Teen-Leadership-Council@Orlandohealth.com, or

Child Life Department, ATTN: TLC,
92 W. Miller St. MP 309,
Orlando, FL 32806

- Phone interviews will be conducted as part of application process and applicants will be notified



Teen Leadership Council Application

Applicant Information

Name:							
Date of Birth:							
Street Address:							
Street Address Line 2:							
City/State/Zip Code:							
Email Address:							
Phone Number (s):							
School:							
Grade:							
Relevant Diagnosis Information							
Please circle which best describes your relationship to Arnold Palmer Medical Center:	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;">Former Patient</td> <td style="text-align: center; width: 50%;">Current Patient</td> </tr> <tr> <td style="text-align: center;">Sibling of Current Patient</td> <td style="text-align: center;">Sibling of Former Patient</td> </tr> <tr> <td colspan="2">Other _____</td> </tr> </table>	Former Patient	Current Patient	Sibling of Current Patient	Sibling of Former Patient	Other _____	
Former Patient	Current Patient						
Sibling of Current Patient	Sibling of Former Patient						
Other _____							

Teen Leadership Council Application

Parent/Guardian Information

Name	
Date of Birth	
Street Address	
City/State/Zip Code	
Email Address:	
Phone Number (s):	

Parent/Guardian Information

Name	
Date of Birth	
Street Address	
City/State/Zip Code	
Email Address:	
Phone Number (s):	

Emergency Contact Information

Name	
Date of Birth	
Street Address	
City/State/Zip Code	
Email Address:	
Phone Number (s):	

ORLANDO HEALTH[®]



Teen Leadership Council Application

Briefly describe your medical experience at APMC:

Why do you want to become a member of the Teen Leadership Council?

What are 3-5 qualities you have that would make you a positive addition to the Arnold Palmer Medical Center Teen Leadership Council?

ORLANDO HEALTH[®]



Teen Leadership Council Application

Who is someone you look up to and why?

What is something you would like to see the Teen Leadership Council accomplish?

Please have an adult who knows you well (not a member of your family) complete the recommendation form (on the next page).

Please submit completed form with your application.



**Teen Leadership Council Application
Recommendation Form**

The Teen Leadership Council at Arnold Palmer Medical Center is a dedicated group of adolescents, who will use their hospital experiences and voices to make Arnold Palmer Hospital the best hospital possible for teens and young adults.

Please select the extent to which you feel you feel the applicant demonstrates each of the qualities listed along the left-hand column.

Name _____

Relationship to Applicant _____

Signature _____

Quality	Outstanding	Above average	Average	Below Average	Weak
Communication					
Flexibility					
Responsibility					
Accountability					
Problem-solving skills					
Team Work					
Creativity					

How long and in what capacity have you known this applicant?

In what ways would the applicant be a positive addition to the Teen Leadership Council at APMC?