



Dear parent/guardian of applicant,

We are excited that your 17-year-old is interested in participating in Baylor Scott & White Health's "Summer with Staff" program at our Baylor Scott & White Medical Center in Lakeway.

This is a great opportunity for your 17-year-old to complete volunteer hours within their community. Volunteering provides personal and educational development. It is a great way to expand social circles, meet new people, and unlock opportunities for their future. **To be clear, this is not a shadowing, observation, clinical, or internship program. Volunteer Services supports department staff and helps with patient flow.**

To be considered for our "Summer with Staff" program, your 17-year-old must submit:

- Application
 - It is your 17-year-olds responsibility to communicate with the Coordinator of Volunteer Services via email. This will be a great experience for them to learn adult workplace responsibilities: checking their email and responding quickly.
- Reference Forms
 - Two references – these references cannot be parents. They should be teachers, coaches, counselors, or church leaders.
- Parental/Guardian Consents
 - Consent Form: Your 17-year-old agrees to adhere to the program standards, and you agree to allow him/her to participate. This form should be reviewed together and signed.
 - Student ID or driver's license (color copy).
 - Photo consent form – signed during Health screening by 17-year-old and parent/guardian
 - Parent/Guardian print name and signature under "Printed Name of Legally Authorized Representative."

All completed packets are due to the Coordinator of Volunteer Services **no later than 12pm March 25, 2026**. The application and consents must be returned by scanning and emailing to: Kosha.Harris@BSWHealth.org.

- Completion of the application packet does not guarantee acceptance into the "Summer with Staff" program, as spaces are limited. Lastly, all 17-year-olds will be notified of acceptance via email **no later than 12pm April 8, 2026**.

The Summer with Staff program is June 1-June 30, 2026. Applicants must commit to 2-4 hours per week. Summer with Staff participants will have a list of volunteer opportunities to choose from. All approved

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applicants MUST attend the scheduled orientation at Baylor Scott & White Medical Center in Lakeway on **Thursday, May 28, 2026, from 11:15am-12:45pm.**

If your 17-year-old receives an email of acceptance, that acceptance is contingent upon passing the health screening and background check.

- He or she must complete a background check through Hire Right. Your 17-year-old should expect an email from Hire Right so that he/she can fill out information as well as provide the parent/guardian email to Hire Right. This information must be completed within 1-2 business days, or Hire Right will not complete the background check.
- The health screening is provided at no cost at the Baylor Scott & White Medical Center in Lakeway. The health screening includes a urine sample for drug screening and a blood draw for tuberculosis (TB test). They will be required to be accompanied by their parent/guardian during the entire visit. The parent/guardian will be required to sign consent forms as well.
- He or she must email Employee Health at Stephanie.Pavur@bswhealth.org as soon as possible. ***The health screening appointment must be completed by May 14, 2026.***

We appreciate your interest in our 17-year-old “Summer with Staff” program.

Regards,

Kosha Harris

Coordinator of Volunteer Services – Greater Austin Region



Application

Please complete this application if you are interested in participating in Baylor Scott & White Health’s 17-year-old, “Summer with Staff” program at our Baylor Scott & White Medical Center in Lakeway.

Contact Information

First Name: _____
Last Name: _____
Street: _____
City: _____
State: _____ Zip: _____
Cell Phone: _____

Email

Email is often the easiest way for us to get in touch with our volunteers! We like to keep volunteers informed of important news, schedules, and volunteer opportunities by email. We do not share this information and will never send advertisements or solicitations of any kind.

Email Address: _____

Demographics

Gender: Female _____ Male _____

Date of Birth: Month _____ Day _____ Year _____

High School Name: _____

Have you or your parents been involved in healthcare legal action in the past four years? Yes or No (circle one) if yes, please explain:

Please tell us why you are interested in participating in the Baylor Scott & White Health’s 17-year-old, “Summer with Staff” program at our Baylor Scott & White Medical Center in Lakeway. Please feel free to attach additional sheets to the application to answer this question:

Other Volunteer Experience

List other volunteer experience you have had:

Emergency Contact

In the event of an emergency, whom should we notify?

First Name: _____

Last Name: _____

Address: _____

Phone: _____

Relationship to you: _____

References

Your references are asked to complete the reference forms included in the application packet. Persons completing your references will return them via email to the email address provided on the form.

Reference 1

First Name: _____

Last Name: _____

Address: _____

Phone: _____

Relationship: _____

Reference 2

First Name: _____

Last Name: _____

Address: _____

Phone: _____

Relationship: _____

Polo Size (Circle One)

Each participant will receive a polo that is to be worn during your shifts along with black or khaki pants and closed toe shoes (sports shoes). Please let us know what size polo you wear.

Small Medium Large XL XXL XXXL

Volunteer Agreement

I affirm that the information that I have provided is true and correct to the best of my knowledge. I agree with the rules and regulations of Baylor Scott & White Medical Center in Round Rock and the Volunteer Services Department. I also agree to respect the confidential nature of hospital information as well as information obtained as a result of possible personal contacts with patients. I also agree to participate in an orientation and understand that I will not be paid for my services as a volunteer. I understand that the volunteer relationship is for the assigned program period and may be terminated at any time for any reason by the Manager of Volunteer Services at Baylor Scott & White Medical Center in Lakeway.

I Agree

I understand and agree that submitting this application form does not automatically accept me into the program, and that there may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures, and completion of volunteer orientation, before I may begin volunteering.

By submitting this form, I attest that the information I have provided on the form is true and accurate.

I Agree

Signature

Date

Thank you very much for your interest in volunteering at Baylor Scott & White Medical Center in Lakeway. We appreciate your time and commitment to our mission of serving patients, members, and their families here in Central Texas.

All applicants will be notified of program acceptance via email on April 8, 2026.

Baylor Scott & White Medical Center in Round Rock
Volunteer Services Department
300-B University Blvd.
Round Rock, TX 78665
E-mail: Kosha.Harris@BSWHealth.org
Coordinator of Volunteer Services – Greater Austin Region
Phone: (512) 509-0308



**Baylor Scott & White Medical Center Lakeway
17-year-old "Summer with Staff" Reference**

NOTE: A TEACHER, COACH, COUNSELOR, or a CHURCH LEADER must complete this form. A friend or family member must NOT complete it.

Baylor Scott & White Medical Center Lakeway's 17-year-old "Summer with Staff" Program is designed to give our youth the opportunity to learn the benefits of volunteerism as well as hands-on experience in a work environment. In order to assess his or her ability to handle this unique experience as well as to properly place each volunteer, your support in providing a reference would be instrumental. Thank you very much for your support.

Name of applicant: _____

Reference name: _____

Phone Number: _____

Email Address: _____

Your relationship to the applicant: _____

____ I recommend _____ as a potential "Summer with Staff" volunteer at Baylor Scott & White Medical Center Lakeway.

____ I DO NOT recommend _____ as a potential "Summer with Staff" volunteer at Baylor Scott & White Medical Center Lakeway.

How long have you known this applicant? _____

Please use a scale of 1 to 5 to rate this applicant, using 5 as superior, 3 as acceptable and 1 as below average for this age and development.

_____ Generally, possesses a positive and enthusiastic attitude

_____ Willingly accepts a challenge

_____ Is pleasant and receptive to constructive criticism

_____ Respects and abides by rules and expectations

_____ Meets people with openness and interest

_____ Has the ability to receive and carry out instructions

_____ Presents a clean and neat personal appearance

_____ Has no disciplinary issues

_____ Is socially mature for his/her age

Comments:

Signature

Date

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Comments:

Signature

Date

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**Baylor Scott & White Medical Center Lakeway
17-year-old "Summer with Staff"**

I, _____, as a parent/guardian of _____,
(Print name) (Print name)

I understand that Baylor Scott & White Medical Center Lakeway is committed to the safety of our volunteers, staff, and patients. In order to comply with Baylor Scott & White's regulatory requirements, I agree that my 17-year-old can participate in a health screening offered through the Baylor Scott & White Employee Health Office, located at the Lakeway Hospital in Lakeway, TX. The health screening includes (parent/guardian must be present): submission of a urine sample for drug/nicotine screening, verification of immunizations (please bring immunization records) and a blood draw for tuberculosis (TB test).

"Summer with Staff" volunteer name (print)

Parent/Guardian Name (print)

Parent/Guardian Signature

Date



**Baylor Scott & White Medical Center Lakeway
17-year-old "Summer with Staff"**

I, _____ (name of "Summer with Staff" volunteer applicant), have read all the information and hereby pledge to abide by the rules and regulations set forth by Baylor Scott & White Medical Center Lakeway under the auspices of the Volunteer Services Department.

"Summer with Staff" volunteer signature

Date

I, _____, as a parent/guardian, have read all the information in this packet and hereby give my permission for my 17-year-old to participate as a "Summer with Staff" volunteer at Baylor Scott & White Medical Center Lakeway.

Parent/Guardian Signature

Date