

Teen Advisory Board
MEMBERSHIP APPLICATION

McLane Children's Hospital
ATTN: Teen Advisory Board
1901 SW HK Dodgen Loop
Temple, TX 76502

Name: _____
(Last) _____ (First) _____ (M.I.) _____

Address: _____
(Street) _____
(City/State/Zip) _____

Birth Date: _____ **T-Shirt Size:** _____

Teen Cell Phone: (_____) _____

Parent Cell Phone: (_____) _____

Grade: _____ **Parent Email:** _____

School: _____

What diagnosis do you receive care for at McLane Children's Hospital and/or Specialty Clinic?
_____ When were you first diagnosed? _____

What clinics, units, and/or physicians have you received care from at McLane Children's? (Check all that apply)

- Inpatient Medical/Surgical Units
- Outpatient Day Surgery/Radiology/Special Procedures
- Specialty Clinic (please list) _____
- Emergency Department
- Pediatric Intensive Care Unit (PICU)
- Neonatal Intensive Care Unit (NICU)
- Other (please list) _____

Please tell us a little about yourself and your experience with McLane Children's.

Why are you interested in joining McLane Children's Teen Advisory Board?

What are some improvements/ideas you want to bring to McLane Children's?

What volunteer or leadership experiences do you have at McLane Children's, your school, or in your community?

What McLane Children's events have you attended or participated in? (Examples: Teen Night, Teddy Bear Clinic, Project Smile, Summer Camp, etc.)

Would you be able to commit to attending 1 evening meeting per month? _____

Do you have easy access to transportation to and from McLane Children's? _____

As a potential Teen Advisory Board Member, we want to know as much about you as we can. Asking you some questions is a good way to start to get to know you better. Please take a few minutes and answer the following questions, being totally and completely yourself.

1. What is your absolute, most favorite thing to do in the winter? _____
2. What activities do you enjoy? _____
3. What song makes you get up, bust a move, and dance? _____
4. What is your favorite movie? _____
5. What animal would you love to have as a pet if your house was as big as a zoo? _____
6. If you could travel anywhere in the world, where would you go? _____
7. How would your friends describe you? _____
8. What teams, groups, or activity clubs are you a part of? _____
9. What is the best meal you have ever eaten? _____
10. What is the worst meal you have ever eaten? _____
11. Out of all the colors, which one is your favorite? _____
12. If you could only listen to one music artist, who would you choose? _____
13. Please share anything else you would like us to know about you.

I understand that completion of this application does not bind the applicant or the program coordinators in any way. The Teen Advisory Board reserves the right to choose participants that best meet the needs of the program. Before being selected to participate in the Teen Advisory Board you will be asked to sign a confidentiality agreement.

Signature of Applicant

Date

Signature of Applicant's Parent/Guardian

Date

Please return completed form to a Child Life staff member or e-mail to Ashley.Blackmon@bswhealth.org