



## TEEN ADVISORY COUNCIL APPLICATION

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Why do you want to be a member of the Teen Advisory Council? (1-2 sentences)

How did you hear about the Teen Advisory Council?

When you come to Nemours Children's, what kinds of services do you receive?

Have you visited the hospital, one of our satellite/outpatient locations, or both?

- Nemours Children's Hospital, Delaware
- Satellite/outpatient location
- Both

Are you willing to share your personal experiences in health care with the teen advisory leaders?

- Yes
- No

Is there anything specific about your health care experience that you would like us to know?

What other extracurricular activities are you involved in?



This group meets regularly (the third Tuesday of each month, 5:30–7 p.m.). We meet virtually unless otherwise specified. Can you commit to a minimum of 2 years with the Teen Advisory Council, or until you are no longer a patient at Nemours Children's (whichever comes first)?

Yes  No

As part of your application, we'd love to set up a time to meet and talk with you. Please list dates and times you are available.

*It is important that we put together a teen advisory group that is representative of all our patients. In other words, we would like to have a diverse membership to help us understand the needs and concerns of **all** patients. Answering the questions below is optional but will help us reach our goal of forming a diverse group.*

## DEMOGRAPHIC QUESTIONS

1. Which of the following best describes you?

- Male
- Female
- Transgender
- Gender Fluid
- Other, please specify:

2. Please specify your ethnicity. Please select all that apply [Select all that apply]

- White
- Hispanic, Latino or Spanish
- Black or African American
- Asian
- American Indian or Alaska Native
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- Multiracial
- Other, please specify:

3. What language do you most often speak at home?

- English
- Spanish
- Other, please specify:



Thank you for your interest in the Teen Advisory Council. We will contact you and your caregiver(s) once your application has been reviewed.

It is important to us that all members of our group, including our leadership, agree to the guidelines below in order to create a safe space. Please read through the guidelines, sign that you understand and agree to the terms.

## **TAC GROUP GUIDELINES**

### **ONE VOICE**

When someone is talking, don't interrupt them. Allow one person to speak at a time.

### **CONFIDENTIALITY**

Personal information that is shared during our meetings should not be shared with others outside of this group. Keeping things confidential helps to build trust among group members.

### **STEP UP, STEP BACK, COME FORWARD**

This is a safe space to STEP UP and share your ideas and experiences, STEP BACK to listen to others share their ideas and experiences and encourage those who may be more hesitant to share to COME FORWARD.

### **DON'T FREEZE PEOPLE IN TIME**

Did someone do or say something that upset you? After the issue has been addressed, move forward.

### **DON'T YUCK MY YUM**

If someone says they love something, don't tell them how much you dislike it. Support peoples' interests, even if they are different from your own.

### **DISLIKE THE IDEA, NOT THE PERSON**

People are not their ideas. Treat them separately.

### **RESPECT**

Respect yourself and respect others.

- Use your EARS to really listen
- Use your EYES to really look at the person speaking
- Give the person your UNDIVIDED attention. Concentrate and use your mind to really think about what the person is saying
- Have an open HEART when listening to someone share



## MEMBER AGREEMENT

I, \_\_\_\_\_ (name), agree to participate in Nemours Children's Hospital, Delaware Teen Advisory Council. I agree to uphold the mission and purpose of the council and carry out council member responsibilities. I understand that an inability to follow these guidelines may result in dismissal from Teen Advisory Council.

**Signature:**

**Date:**

## TEEN ADVISORY COUNCIL MEMBER INFORMATION:

**Name:**

**Do you have a preferred name?**

**Pronouns:**

**Grade in School:**

**Best Contact Number:**

**Best Contact Email:**

**Current Medical Provider:**

**Allergies:**

**Additional Medical Information:**



## **PARENT/CAREGIVER INFORMATION**

**Caregiver(s) Name(s):**

**Best Contact Number:**

**Best Contact Email:**

**Is this person your emergency contact? YES NO**

**If NO, Emergency Contact:**

**Name:**

**Relationship:**

**Phone Number:**