



Teen Advisory Council (TAC)

Driscoll Children's Hospital wants YOUR voice to be heard!

What is TAC?

The Teen Advisory Council (TAC) is a group of teens who share ideas to make the hospital a better place for patients and families.

What do we do?

TAC members volunteer their time to:

- Share ideas with hospital staff
- Work on projects to improve patient care
- Help make hospital visits a better experience for everyone

Why Join?

As a TAC member, you will:

- Meet and connect with other teens
- Build leadership + teamwork skills
- Earn community service hours
- Have your voice heard about hospital programs
- Gain experience for school and college applications
(this is a volunteer group – members don't get paid, but the experience is priceless!)

What It Means to Be a Member

TAC members are teen leaders! That means members agree to:

- Serve a two-year term (might be less depending on circumstances)
- Give honest + helpful feedback
- Stay positive and solution-focused
- Protect and respect (keeping meetings private)

Who can Join?

You can be part of TAC if you:

- Are 12-18 years old
- Have been a patient or sibling of a patient at Driscoll Children's Hospital
- Can attend monthly meetings and help with special projects

Instructions for completing a Fillable PDF form

Please review the following instructions for successfully completing a fillable PDF form:

- Use only the latest version of Adobe Reader to complete fillable PDF forms. Macintosh and Windows versions of the free Adobe Reader are available at get.adobe.com/reader/
- Before completing the document, save the form (PDF format) to a location on your computer. (Example: Desktop or Documents).
 - Instructions: Right click on the form and click "Save as".
 - Save to your Desktop or Documents.
- Once you have saved the form to your computer, you are ready to complete the form.
- Open the saved fillable form.
 - Fill in fields using auto-fill content. Click in a text field and start typing your response.
 - Hit tab to move from field to field. To add a check mark, hover over the correct location in the document and click once.
- After you have completed the form, save a final version of the file to your computer.
- When ready, don't forget to attach the fillable form.
- *Some forms have a "Submit" button built into the form which will allow you to submit the form via email directly from the form. These forms will automatically be attached to your email when you click the submit button.*
- Do not complete the form online with your web browser; your data will NOT be saved. Please save it to your computer first, and then fill it out. Save your info once more before ending via email.

Attach saved form to your email.

File can be emailed to robin.smith@dchstx.org

Information recieved will remain confidential.

GENERAL INFORMATION

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Date of Birth: _____ Age: _____ Name of School: _____ Grade: _____

ABOUT YOU

Briefly describe your medical story:

Tell us why you would like to serve on TAC:

What do you hope to learn or experience as a Teen Advisor?

If you could wave your magic wand to make an improvement at Driscoll for the patient's, what would it be?

Is there anything else you would like us to know about you?

AVAILABILITY

What areas of Driscoll are you familiar with?

- Clinics (*please indicate*): _____ Emergency Room
 ICU In-Patient Medical Floor Urgent Care

The council meets once a month (*in person or online*). What days work best for you?

- Monday Tuesday Wednesday Thursday

Are there any days you cannot participate?

- Monday Tuesday Wednesday Thursday

What is the best time of day for you to meet for monthly meetings?

- 4PM - 6PM 5PM - 7PM 6PM - 8PM

HOSPITAL RECOMMENDATION

We would like to ask a hospital staff member to support your application. Please give us the name of a doctor, nurse, child-life specialist, social worker, patient relations, volunteer, or any other staff member who would recommend you.

Name: _____ Role at Driscoll: _____

- Unable to Provide a Name at this Time

CERTIFICATE OF APPLICANT

I promise that everything I wrote on this application is true and complete. I understand that if I give untrue or misleading answers, my application may not be accepted, or I may be asked to leave the Teen Advisory Council.

Signature: _____ Date: _____

CONFIDENTIALITY AND PRIVACY

As a **Teen Advisor**, you may sometimes hear health information about other patients. A federal law called **HIPAA** (Health Insurance Portability and Accountability Act) protects this information.

This means health information **cannot be shared** outside the hospital. You cannot share it in writing, talking, texting, emailing, or posting—not with friends, not with family, not with anyone—unless the hospital says it's allowed.

The easiest way to remember HIPAA is this saying: **"What you see or hear here, must stay here."**

Please sign below to show that you understand and agree to these rules.

Important to Remember:

- Conversations in TAC meetings are private.
- Projects, ideas, or issues about DCH staff, doctors, families, or patients must stay confidential.
- TAC topics should only be discussed with TAC members.
- If you do not keep information private, you may be removed from TAC.

Signature: _____ Date: _____

PARENT/GUARDIAN CERTIFICATE

As the Legal Guardian, I give permission for my child to participate on the Teen Advisory Council and will do my best to support his/her attendance.

Signature of Parent/LegalGuardian: _____ Date: _____

Phone Number: _____ Email: _____