Thank you for your interest in volunteering at Memorial Regional Hospital and the Joe DiMaggio Children’s Hospital. The Memorial Healthcare System is recognized as one of the outstanding Healthcare Systems in the country. The volunteers are a dynamic group who everyday live the Mission and Vision of our Healthcare System. Attached you will find our volunteer application.

Please read it carefully and follow the directions. There are items below intended for Teen Volunteers only. All appointments will take place at the Volunteer Services office at Memorial Regional.

WHAT IS EXPECTED OF A MEMORIAL REGIONAL HOSPITAL & THE JOE DIMAGGIO CHILDREN’S HOSPITAL VOLUNTEER

- A desire to meet the needs of our community, patients, families, visitors, physicians, and employees.

- A commitment of a four-hour shift per week and minimum 6 months and 100 hours of service.

- Purchase of a Volunteer uniform ($20.00) and a $10.00 Auxiliary membership fee is required for adult volunteers at Memorial Regional Hospital and Joe DiMaggio Children’s Hospital. All fees are non-refundable and must be paid at the time of the interview.

- A completion of a Tuberculosis Screening (MHS – provides on site)

- A flu shot is required of all volunteers (MHS – provides on site)

- Please note we do not accept court ordered community service hours.

- Teen volunteer and college volunteer instructions and guidelines are on next page.

PLEASE CALL 954-265-5940 TO SCHEDULE AN INTERVIEW. PLEASE DO NOT MAIL IN YOUR APPLICATION – BRING IT WITH YOU WHEN YOU ARRIVE FOR YOUR INTERVIEW. PLEASE REFER TO PAGE 3 FOR ADDITIONAL INSTRUCTIONS.
Memorial Regional Hospital & Joe DiMaggio orientations occur on the first and third Tuesdays from 9:00 am to 12:00 noon.

**MRH & Joe DiMaggio Teen interviews and orientations are held three times a year.**

If you are a potential Teen Volunteer, please have all the following prior to calling for an interview:

- A completed Volunteer Application, with your guardian’s signature.
- Character reference on letterhead from a responsible person other than a family member.
- Complete copy of your most recent Academic Transcript (not a report card) showing a **2.50 GPA** or above from your last term.
- Proof of age i.e. Driver’s License or Birth Certificate.
- As a Teen Volunteer you will be given a letter following your interview pledging a six-month commitment. This letter must be signed by your parent and returned on the day of new volunteer orientation.
- We do not accept seniors in high school.

If you do not have all of the above or meet the above criteria, please do not call and schedule an appointment. You will not be allowed to continue with the interview process and will be tying up valuable interview slots.

Teen volunteers will be scheduled for a panel interview. Teen volunteers should expect to receive a letter following the interview session notifying you of the orientation schedule.

ALL APPLICANTS WILL BE INTERVIEWED AT AGE 14 and age 16 for the children’s hospital.

**COLLEGE STUDENTS**

We only accept local college students. This policy is due to the length of time to process a complete background check, provide the required health screening and orientation. The inability to meet the six month minimum requirement of service dictates this policy. You will be required to provide a copy of a current college schedule.
Thank you for your interest in volunteering at Memorial Regional Hospital or Joe DiMaggio Children’s Hospital. This office does not conduct interviews for our sister hospitals.

Adult and college student interviews are conducted at the Volunteer Services Office located within Memorial Regional Hospital. The address is 3501 Johnson Street, Hollywood, Florida 33021. Separate instructions for teens can be found on the application.

Please check in at the Main Entrance Lobby and directions to the office will be provided. Please arrive on time. Parking can be difficult so please give yourself enough time. Garage parking will be validated and valet parking is also an option.
JOE DIMAGGIO CHILDREN’S HOSPITAL
AND
MEMORIAL REGIONAL HOSPITAL

VOLUNTEER APPLICATION

PLEASE PRINT

CIRCLE ONE:

ADULT

COLLEGE

STUDENT

TEENAGER

DATE:

NAME:

Last

First

M.I.

ADDRESS:

Street Address

Apartment Number

City

State

Zip

EMAIL ADDRESS:

PRIMARY PHONE #:_____ - SECONDARY PHONE #:____ -

DATE OF BIRTH:______ / ____ / ____SEX: FEMALE MALE

DRIVER’S LICENSE #:____________

PREVIOUS / CURRENT OCCUPATION:

PERSONAL OR WORK REFERENCE:

Name

Phone #

SIGNATURE:

Prospective volunteers will be subjected to a background check. Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, sex, marital status or disability.

DEPARTMENT:______

DAYS:__________

HOURS:__________

OFFICIAL USE ONLY
MONTHS AVAILABLE:
(Please circle all that apply)

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Please check the times you are available to volunteer.

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Please select the area you feel you would best be able to serve within Memorial Regional Hospital

- Breast Cancer
- Family Res. Ctr.
- Nurses Station
- Pet Therapy
- Center
- Dietary
- Mother Baby Unit
- Refreshment Cart
- Cancer Center
- Gift Shops
- Outpatient Reg.
- Transportation
- Clerical
- Information Desks
- Pharmacy
- Courier
- Lobby Greeter
- Patient Relations

Please select the area you feel you would best be able to serve within Joe Dimaggio Children's Hospital

- Family Resource Center
- Coffee Cart Host
- New Born ICU
- Greeter/Escort
- Nurses Stations
- Child Life Playrooms
- Floater
- Clerical

Other: ______________________

We do not place volunteers in these areas: RESPIRATORY THERAPY, BILLING & CODING, MEDICAL RECORDS, IMAGING or ULTRASOUND

Do you speak or write any foreign language? YES NO
(If yes, please indicate which language(s): ______________________)

Previous volunteer experience: ______________________

Are there any volunteer duties you will be unable to perform safely? (YES) (NO) If yes, please explain ______________________

How did you learn about our volunteer program?

- Newspaper ______
- Newsletter ______
- From a friend ______
- Web site ______
- Volunteer Recruitment Event ______
- Ad in program or bulletin ______
- School ______
INFORMATION FOR BACKGROUND CHECK PURPOSES
for 18 years and older only

Have you ever been convicted of a felony?  Yes_______ No_____
Have you ever pled Nolo Contendre (no contest) to a felony?  Yes_______ No_____
Have you ever pled guilty to a felony?  Yes_______ No_____
Have you ever been found guilty of a felony?  Yes_______ No_____
Have you had an adjudication withheld for a felony?  Yes_______ No_____
Have a nol pros for a felony?  Yes_______ No_____
Are you presently charged with a felony?  Yes_______ No_____

Have you ever had to serve probation in any pre-trial intervention as a result of a criminal charge?  Yes_______ No_____

NOTE: A yes response does not necessarily disqualify an applicant from acceptance as a volunteer.

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Due to the high cost of background checks if you fail to complete the six-month minimum commitment and minimum 100 service hours re-instatement will not be considered. Please ask for clarification if this is not clear to you.

I acknowledge that I have read and understand the commitment I am making.

Signature: ____________________________________________
Date: _____________________
TEENAGE VOLUNTEERS ONLY

INFORMATION FOR PARENTS

1. All teenagers must be interviewed and approved by the Director of Volunteer Services or an elected member of the Volunteer Auxiliary Board.
2. All teenagers must submit a complete application at the time of the scheduled interview.
3. Teen uniforms consist either of white/khaki pants, MRH or JDCH Volunteer Golf Shirt. Uniforms must be worn at all times. They are purchased at orientation.
4. Total cost for uniform, ID badge and registration fee is $20.00.
5. All volunteers are expected to work a four-hour shift per week and are entitled to a free meal.
6. Ask how the Auxiliary assists its teen volunteers who serve 400 or more hours.
7. Service hours will be awarded at the completion of their six-month commitment. Service hours letters must be requested within a month of leaving the Volunteer Services Department.

PARENTAL CONSENT FORM FOR JOE DIMAGGIO CHILDRENS HOSPITAL AND MEMORIAL REGIONAL HOSPITAL TEENAGE VOLUNTEER PROGRAM

Date: ______________

My daughter/son (____________________________________) has my consent to become a Teenage Volunteer for Memorial. In addition, I do hereby give my consent to have him/her tested for Tuberculosis (PPD) as part of standard pre-employment/volunteer, physical assessment process. I have read and understand the above requirements. In addition, I have gone over the cover sheet with my teenager and he/she meets the requirements requested.

Parent’s Signature: ____________________________________________

(PLEASE PRINT)

Relationship to applicant: Parent ___ Legal Guardian ____

________________________________________________________________________

Address City State Zip

Home Phone: _________________________ Work Phone: _________________________
NOTICE TO APPLICANT OR EMPLOYEE OF INTENT TO
OBTAIN AN INVESTIGATIVE CONSUMER REPORT

Dear Applicant or Employee:

In connection with your application or employment, Memorial Healthcare System would like to procure certain background information concerning you which is contained in an investigative consumer report. An investigative consumer report may contain information regarding your: creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, mode of living, and/or criminal background. This information may be gathered from personal interviews with your neighbors, friends, and/or associates, e.g., former employers.

Before we may procure an investigative consumer report, you must authorize such procurement in writing. You have the right to decline authorization for Memorial Healthcare System to procure an investigative consumer report. However, if you are an applicant, we will not consider you further for employment if you so decline. If you are an employee, we may consider employment action if you decline.

Below you will find a release which will allow us to obtain an investigative consumer report concerning the foregoing questions. Please read the release carefully before signing it and indicating your choice regarding disclosure.

RELEASE TO PROCURE AN INVESTIGATIVE CONSUMER REPORT

I have read the “Notice to Applicant or Employee” provided. I understand that I have the right to decline authorization for Memorial Healthcare System to procure an investigative consumer report concerning me.

I understand that the investigative consumer report may contain information concerning my: creditworthiness, credit standing, general reputation, personal characteristics, mode of living, and/or criminal background. I also understand that this information may be gathered from personal interviews with my neighbors, friends, and/or associates, e.g., former employers.

As disclosed above, I understand the nature and scope of the investigation that is going to be made into my background.

Understanding these rights,

_______ I authorize Memorial Healthcare System to procure an investigative Consumer Report concerning me.

_______ I do not authorize Memorial Healthcare System to procure an investigative Consumer Report concerning me.

NAME (Print Please): __________________________________________________________
FORMER NAMES: __________________________________________________________
Signature: _________________________________________________________________
Date: ________________________________________________________________

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