



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 ADDIOTIONAL INSTRUCTIONS.**

Memorial Regional Hospital & Joe DiMaggio orientations occur on alternate Tuesdays from 9:00 am to 11:00 am.

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 after September 30th.

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. ACTUAL PLACEMENT WITHIN THE HOSPITAL WILL BE DETERMINED AT THAT POINT. VOLUNTEERS AGED 14 OR 15 MAY BE PLACED IN ONE OF OUR OFF-SITE FACILITIES RATHER THAN AT THE 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.

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.

MONTHS AVAILABLE:
(PLEASE CIRCLE ALL THAT APPLY)

JAN FEB MAR APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC

PLEASE CHECK THE TIMES YOU ARE AVAILABLE TO VOLUNTEER.

	MON	TUES	WED	THUR	FRI	SAT	SUN
Morning							
Afternoon							
Evening							

**PLEASE SELECT THE AREA YOU FEEL YOU WOULD BEST BE ABLE TO SERVE WITHIN
MEMORIAL REGIONAL HOSPITAL**

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

**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, 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.

PLEASE LIST ANY CITY/STATE WHERE YOU HAVE RESIDED, PLEASE INCLUDE MONTH AND YEAR.
 WE ARE REQUIRED TO GO BACK TEN YEARS

PREVIOUS ADDRESS: _____

City	State	Zip	Month/Year
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PREVIOUS ADDRESS: _____

City	State	Zip	Month/Year
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PREVIOUS ADDRESS: _____

City	State	Zip	Month/Year
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PREVIOUS ADDRESS: _____

City	State	Zip	Month/Year
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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 (_____)

PLEASE PRINT

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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