Joe DiMaggio Children's Hospital
AT MEMORIAL

Thank you for your interest in volunteering at 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 Family Resource Center at Joe DiMaggio Children's Hospital.

WHAT IS EXPECTED OF A 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 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 954-265-0193 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.

Joe DiMaggio orientations occur on the first and third Tuesdays from 9:00 am to 11:00 am.

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 Joe DiMaggio Children's Hospital. This office does not conduct interviews for our sister hospitals.

Adult and college student interviews are conducted at the Family Resource Center located within Joe DiMaggio Children's Hospital. The address is 1005 Joe DiMaggio Drive, Hollywood, FL 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.

Appointment:_____ Orientation:_____ Dues:_____ Uniform Fees:_____ Badge:_____	Finger Prints: _____ Copy of Drivers License:_____ Affidavits:_____ Sign in Sheet:_____ Index Card:_____ Data Entered:_____	**TEENAGERS ONLY** Proof of Age:_____ Permission Slip:_____ Transcript:_____ Letter of Recommendation:_____

OFFICIAL USE ONLY

JOE DIMAGGIO CHILDREN'S 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:**_____

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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 JOE DIMAGGIO CHILDREN'S HOSPITAL

Family Resource Center	Respiratory	New Born ICU	Greeter/Escort
Nurses Stations	Child Life	Floater	Clerical
Surgical Services	Pharmacy	Emergency Dept	Inpatient Rehab
Outpatient Rehab	Wellington	Central Supply	Food & Nutrition
Volunteer Services	Human Resources		

Other:_____

We do not place volunteers in these areas: BILLING & CODING, MEDICAL RECORDS, MUST BE 18 YEARS OR OLDER TO VOLUNTEER IN EMERGENCY DEPT

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 ANYCITY/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
PREVIOUS ADDRESS:_____
City State Zip Month/Year
PREVIOUS ADDRESS:_____
City State Zip Month/Year
PREVIOUS ADDRESS:_____
City State Zip Month/Year

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, 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: _____