Dear Prospective Volunteer:

Thank you for inquiring into volunteering at Memorial Hospital Miramar. We are pleased that you have chosen our hospital.

All of our volunteers are required to make a minimum six months commitment and work one four-hour shift per week. In addition, all volunteers are required to have an annual tuberculosis test, which will be given at orientation. The volunteer uniform consists of: evergreen jacket/smock, khaki pants and white or off-white closed shoes or sneakers. The total cost of uniform, ID badge and registration fee is $20.00.

Please complete the enclosed application and return it to the Volunteer Services Department located inside the Human Resources Department in the Medical Office Building. Please note that we do not accept Court Ordered Community Service.

We will contact you as soon as we verify all your information. Again, thank you for your interest of becoming part of our Memorial Hospital Miramar Team.

Sincerely,

Veronica Palmer
Assistant Director of Volunteer Services
Memorial Hospital Miramar
1901 SW 172nd Ave
Miramar, Fl 33029
954-538-4640
vpalmer@mhs.net
# Adult Volunteer Application

**Date:**

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<tr>
<th>Name: Last</th>
<th>First</th>
<th>M.I.</th>
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**Address:**

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<th>City</th>
<th>State</th>
<th>Zip</th>
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**Phone number:**

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<th>Cell number:</th>
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**Date of Birth:**

**E-mail address:**

**Please provide names and numbers of family or friends we may contact in case of an emergency:**

1. **Name:**
   - **Phone Number:**

2. **Name:**
   - **Phone Number:**

**Previous/Current Occupation:**

**Special abilities/skills:**

**Do you speak/write an additional language?**

If yes, please indicate the language(s):

**Please list any prior volunteer experience you have:**

**Please list any volunteer duties unable to perform:**

**How did you hear about our volunteer program:**

**What are you hoping to gain from your volunteer experience with Memorial Hospital Miramar:**

**List any months you are unavailable to volunteer:**

## PLEASE CHECK THE TIMES AND DAYS YOU ARE AVAILABLE TO VOLUNTEER

<table>
<thead>
<tr>
<th>TIME</th>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THU</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
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<tbody>
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<td>9AM - 1PM</td>
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<td>1PM – 5PM</td>
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## PLEASE SELECT THE AREA YOU WOULD LIKE TO VOLUNTEER IN

(Please check all that apply)

- Gift Shop
- Emergency Room
- Information Desk
- Rehab
- Clerical
- Nurses Station
- Floater/Runner
- Security
- Food Service
- Pediatric ER
- Other

**OFFICE USE ONLY**

<table>
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<tr>
<th>DEPARTMENT:</th>
<th>DAYS:</th>
<th>HOURS:</th>
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(OVER)
Please note we do not provide court ordered community service hours.

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

HAVE YOU EVER BEEN CONVICTED OF A FELONY?  _____Yes  _____No
HAVE YOU EVER BEEN PLEAD NOLO CONTENDRE (NO CONTEST) TO FELONY?  _____Yes  _____No
HAVE YOU EVER PLEAD GUILTY TO A FELONY?  _____Yes  _____No
(Include any and all instances of the foregoing even if adjudication is withheld).

Signature:______________________________________           Date: _____________
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 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.

We intend to ask your former employer(s) the following questions concerning you:

- What were the dates of your former employment?
- What position(s) did you hold?
- Were you ever demoted or otherwise disciplined? If so, what were the circumstances?
- Did you perform your job in a satisfactory manner?
- Under what circumstances did you leave?
- Would you rehire the individual?

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.
RELEASE TO PROCURE AN INVESTIGATIVE CONSUMER REPORT

I have read the “Notice to Applicant or Employee” on the other side of this form.

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 on the back of this form, 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): __________________________

SIGNATURE: __________________________

DATE: __________________________