Dear Prospective Teenage Volunteer (14 – 18 yrs):

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, work one four-hour shift per week and have a minimum of a 3.00 GPA. In addition, all volunteers are required to have a 2 step tuberculosis test, which will be given by the Employee Health Nurse or your Pediatrician. The volunteer uniform consists of: evergreen jacket or polo shirt, khaki pants and white or off-white closed shoes or sneakers. The total cost of volunteer jacket or polo shirt, ID badge and registration fee is $20.00.

It is the applicant’s responsibility to complete the application and have the parent/guardian sign the Parental Consent Form. We will contact you via e-mail for an interview. We conduct interviews twice a year during winter break and summer break. Two letter of character reference, an official school transcript or report card and verification of age will be required. Please keep in mind that all of the documents must be turned in before we will begin processing your application.

After you have assembled the necessary forms, please return them to the Volunteer Services Department located inside the Human Resources Department in the Medical Office Building, suite 112. Please note that we do not accept Court Ordered Community Service.

We will contact you for an interview based on our hospital’s needs. Again, thank you for your interest in becoming part of the Memorial Hospital Miramar Volunteer Team.

Sincerely,

Veronica Palmer
Manager of Volunteer Services
Memorial Hospital Miramar
1901 SW 172nd Ave
Miramar, FL 33029
954-538-4640
vpalmer@mhs.net
# Teen Volunteer Application

**Name:** Last   First   M.I.

**Address:**

City  State  Zip

**Home number:**  **Cell number:**

**Date of Birth:**  **E-mail address:**

Please provide names and numbers of family members we may contact in case of an emergency:

1.  2.

**School Attending:**

**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:**

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

**PLEASE SELECT THE AREA YOU WOULD LIKE TO VOLUNTEER IN**
*(Please check all that apply)*

Gift Shop____ Emergency Room_____ Information Desk______
Clerical_____ Nurses Station_______ Floater/Runner______ Security______
Pediatric ED________ H.A.N.D.S. Program/Mother Baby________
Food Service____ Other_____________

**Signature:** ___________________________  **Date:** __________

Please note we do not provide court ordered community service hours.

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For office use only

**Department:** ___________________________  **Day:** __________  **Time:** __________
Acknowledgement for Parents to review and return with volunteer application

All Teenagers will be personally interviewed and approved by the Manager of Volunteer Services or his/her designee. **It is our expectation that the teen volunteer applicant fill out their own application/contact information NOT the parent. This will be taken into consideration as part of the interview process. The applicant will be contacted via e-mail. Service hours will be awarded at the completion of their six-month commitment. If they do not complete their commitment, they will not receive their hours.**

**Parent’s signature required: __________**

The application packet must include:

- (2) Letter of character reference on school letterhead (high school teachers)
- Official high school transcript or most current report card (3.0 GPA)
- Verification/proof of age (copy of birth certificate)
- Signed parental consent form for PPD (TB Screening)
- Signed parental acknowledgement form

Teenagers will not be contacted for an interview unless all required documents have been submitted.

Uniforms should be purchased before the time of orientation and must be worn at all times while working in the hospital. The uniform is a volunteer jacket or polo shirt, khaki pants and rubber soled white sneakers.

The total cost for the volunteer jacket/polo, volunteer ID Badge, registration and process fee is $20.00

**All teen volunteers are expected to work a minimum of one (1) day four (4) hour shift per week (96 hours within a 6 month period). More than 4 missed absences during a 6 month period might grounds for termination from the program. Please take this commitment serious.**

The Volunteer Department disciplinary policy applies to teen volunteers. If necessary, a parent or teacher will be contact to address behavior and/or disciplinary issues. Teen volunteers who do not abide by the Volunteer Department standing rules or Code of Conduct will be subject to termination from the program. When exiting the program ID Badges must be turned in.

All day Orientation is required for admittance to the program.

Seniors in high school **will not** be accepted past June 1st, going into their senior year.

Parents Signature:______________________________ Date:______________

Printed Name:______________________________ Volunteers Name: ____________

Home Phone:______________________________ Work Phone: ________________
I, ________________________________, am the legal representative of
(Parent’s Name/Legal Guardian)

______________________________ and do hereby give Memorial
(Minor’s Name)

Hospital Miramar permission to test ________________
(Minor’s Name)

To have a Purified Protein Derivative (PPD), to test for Tuberculosis and/or

a Chest X-Ray if needed when accepted into the Volunteer Program.

____________________________________  _____________________________
Date                                    Parent/Guardian Signature