



**Dear Prospective Teenage Volunteer (14 – 18 yrs.):**

Thank you for your interest in volunteering at Memorial Hospital Miramar. We are pleased that you have chosen our hospital.

All volunteers are required to schedule a minimum four-hour shift per week and complete a six-month commitment. Please note, this a **teen summer program**.

In addition, teen volunteers must meet the following requirements:

- Teen Application
- 3.0 GPA (official High School transcript)
- Copy of birth certificate or government issued ID, for proof of age
- 2 letters of character reference on a school letter head or by a community leader
- Proof of COVID vaccine preferred
- Proof of flu shot (during flu season)

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 turn 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.

Application will be reviewed and you will be called for an interview. Once accepted, you will need to do the following:

- Purchase of a volunteer uniform (\$20 **cash**)
- A tuberculosis test, (provided by Memorial Healthcare System)
- Attend a new volunteer orientation

Applicants will be accepted based on the needs of the hospital.

Again, thank you for your interest in becoming part of our Memorial Hospital Miramar Team.

Sincerely,

Veronica Palmer  
Associate Director, Volunteer Services  
Memorial Hospital Miramar  
1901 SW 172<sup>nd</sup> Ave  
Miramar, FL 33029  
[vpalmer@mhs.net](mailto:vpalmer@mhs.net)  
954-538-4640



## Teen Volunteer Application

Name: Last	First	M.I.
Address:		
City	State	Zip
Home number:		Applicant Cell number:
Date of Birth:		Applicant E-mail address:
Please provide names and <u>numbers</u> 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:		
<b>PLEASE CHECK THE TIMES AND DAYS YOU ARE AVAILABLE TO VOLUNTEER</b>		

TIME	MON	TUES	WED	THUR	FRI	SAT	SUN
9am-1pm							
1pm-5pm							

**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 \_\_\_\_\_  
 H.A.N.D.S. Program/Mother Baby \_\_\_\_\_ Food Service \_\_\_\_\_ Other \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For office use only		
Department: _____	Day: _____	Time: _____



**VOLUNTEER SERVICES DEPARTMENT  
TEENAGE VOLUNTEERS ONLY**

**Acknowledgement for parents to review and return with volunteer application**

All Teenagers will be personally interviewed and approved by the Associate Director 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.** Parents initial required: \_\_\_\_\_

The application packet must include:

- 2 Character Reference letters on letterhead (high school teacher)
- Official high school transcript or most current report card (3.0 GPA)
- Verification/proof of age (copy of birth certificate)
- Copy of COVID vaccination card
- Signed parental acknowledgement form

Teenagers all required documents have been submitted.

Uniforms should be purchased before 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 shoes (sneakers acceptable). Ladies, please NO skinny khaki jeans.

**All teen volunteers are expected to schedule a minimum of one (1) day a week, for one (1) four (4) hour shift per week (96 hours within a 6 month period), and are entitled to a free meal prior to or upon completion of their shift.**

**Service hours will be awarded at the completion of their six-month commitment. Service hour letters must be requested within a month of leaving the Volunteer Services Department.**

The Volunteer Department disciplinary policy applies to teen volunteers. If necessary, a parent will be contacted to address behavior and/or disciplinary issues. Teen volunteers who do not abide by the Volunteer Department standing Rules of Conduct will be subject to termination from the program.

When exiting the program, the hospital ID Badge must be turned into the Volunteer Services Department. The ID Badge is considered hospital property.

An all-day Orientation is required for admittance to the program.

**Seniors** will not be accepted past **September** of their senior year.

Parents Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

