



Dear Prospective Volunteer:

Thank you for your interest in volunteering at Memorial Regional Hospital South. We are pleased you have chosen our hospital to give back to the community.

Please complete the enclosed application and return it **along with a letter of reference** to the Human Resources Department.

All of our volunteers are required to make a **six-month commitment** and work **one four-hour shift per week (96 hours within a 6 month period)**.

During Flu season (November 1st through March 31st), **Influenza vaccinations** will be required for all volunteers. In addition, all volunteers are required to complete a **tuberculosis screening** when entering the program, will be provided at no cost by the Employee Health Nurse.

All volunteers are required to wear a volunteer polo, plus white or khaki pants, white shirt and rubber soled white shoes and a surgical mask. An ID badge will be provided to wear during the time of service. The cost of the volunteer polo is \$20.00.

Applicants are reviewed and considered based on assessed skills, interests, level of demonstrated commitment and the availability of volunteer positions. Selected individuals must meet qualifications as required for specific volunteer positions. Selected applicants will be subject to a background check and are required to attend an orientation before commencing their volunteer service at Memorial Regional Hospital South.

High school students must attach the following documents:

- **Latest school transcript (If applicant is 14 years old, must be a freshman in high school to be able to turn in the paperwork)**
- **Letter of character reference (Must contain contact information and signature of person giving the reference, not from a relative)**
- **Signed and initialed parental consent**

Again, thank you for your interest in Memorial Regional Hospital South. Should you have any questions, do not hesitate to contact our office at **(954) 844-6815**.

Sincerely,
Dalia Inman
dinman@mhs.net
Volunteer Services Department

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Opportunities for volunteers are provided without regard to race, color, age, religion, gender, sexual orientation, gender identity, national origin, veteran status, disability, genetic information, or any factor prohibited by law.

All of our volunteers are required to make a **six-month commitment and serve one four-hour scheduled shift per week.**

AVAILABILITY

PLEASE CHECK THE TIMES YOU ARE AVAILABLE TO VOLUNTEER

SHIFTS	MON	TUES	WED	THURS	FRI
9-1pm					
1-5pm					
4-8pm					

Please select the proficiencies that apply to you:

Customer Service Answer Telephones Transport patients in wheelchairs Office Filing

Computer Skills /Data Entry Cash Register Guide/Directions

Please select the area(s) of greatest interest:

Laboratory

Gift Shop

Nurses Station

Pharmacy (students studying pharmacy)

Women's Center

Courier/Runner

Cafeteria

Emergency Room

Rehabilitation Center

Fast Pass/Check-In

Information Desk/Phones

Other _____

Do you speak or write any foreign language? YES___ NO___

If yes, please indicate which language(s): _____

Previous Volunteer Experience: _____

Please list any physical limitations that would impair your ability to perform as a volunteer

Without supplemental assistance: _____

How did you learn about our volunteer program?

Website___ School ___ Walk-in___ Other _____

Please write names if applicable - Friend/Relative/Employee _____

Describe what you hope to gain from your volunteer experience with this organization:

MEMORIAL REGIONAL HOSPITAL SOUTH
VOLUNTEER PROGRAM AGREEMENT

1. I shall hold as confidential all information that I may obtain directly or indirectly concerning patients, doctors, or personnel, and not seek to obtain confidential information from a patient.
2. My services are donated to the Memorial Healthcare System without contemplation of compensation or future employment, and given with humanitarian, religious or charitable reasons.
3. I shall not sell or attempt to sell goods or services, request contributions, or solicit persons to sign or distribute political petitions on hospital premises.
4. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.
5. I shall attempt to resolve any problems related to my volunteer activities with my supervisor, and, if unsuccessful, attempt to resolve any such problems with the Volunteer Manager.
6. I shall make my best effort to fulfill my commitment to the Memorial Healthcare System.
7. I shall at all times uphold the philosophy and standards of the Memorial Healthcare System and to comply with all rules and regulations of the Memorial Healthcare System.
8. I shall submit to a PPD test upon approval.
9. I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of: (a) failure to comply with the Memorial Healthcare System policies, rules and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work or appearance; or (d) any other circumstances which, in the judgement of the MRHS staff, would make my continued services as a volunteer contrary to the best interests of the Memorial Healthcare System.
10. I agree to uphold the following standards set out in the American Hospital Association Code of Ethics.

I have read each of the above conditions and agree to be bound by them.
I will attend Orientation Training provided by Memorial Regional Hospital South.

Volunteer Signature	Print Name	Date
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I agree that I have explained each of the conditions of volunteer services to the applicant who has signed this form and that I have witnessed the applicant's signature.

Volunteer Services Staff Signature	Print Name	Date
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PARENTAL CONSENT FORM FOR TEENAGERS 14-18 yrs old

Dear Parent,

Please read the requirements for your teenager to participate in the MRHS Volunteer Program and place your initials in the boxes next to each point acknowledging that you have read and understand the requirements.

	<ul style="list-style-type: none"> Applicants must supply a letter reference from a coach, teacher or counselor, and a high school transcript showing a minimum of a 2.5 GPA. We will contact the prospective volunteer for an interview and orientation only if all the necessary documents have been submitted and the requirements are met.
	<ul style="list-style-type: none"> An orientation is required for admittance into the program. <u>All teenagers must be interviewed and approved by the Associate Director of the Volunteer Program.</u> Assignments are given based on the volunteers' interests, skills, level of demonstrated commitment, availability and the needs of the hospital.
	<ul style="list-style-type: none"> All volunteers are required to wear a uniform which consists of a royal blue jacket, white or khaki long pants, white shirt and rubber soled white closed shoes (sneakers acceptable). An ID badge will be provided and must be returned upon completion of the volunteer program. The cost of the volunteer jacket is \$20.00.
	<ul style="list-style-type: none"> During the Flu season (November 1st through March 31st), influenza vaccinations will be required for all volunteers. In addition, all volunteers are required to have a screening for Tuberculosis which includes lab work, which will be given by the Employee Health Nurse free of charge upon acceptance to the volunteer program.
	<ul style="list-style-type: none"> All of our teen volunteers are required to make a six-month commitment and work one four-hour scheduled shift per week. The volunteers are provided with a yellow log to keep track of their commitment. If a day is missed, there will be make-up opportunities.
	<ul style="list-style-type: none"> Upon completion of the volunteer commitment (96 hours within a 6 month period), the community service forms for school will be validated at the volunteer's request. If the volunteer chooses to stay in the program, they must continue with their assignment on a <u>weekly</u> basis otherwise the volunteer must turn in their yellow log, a letter of resignation, and the hospital ID badge to the volunteer office.
	<ul style="list-style-type: none"> Any breach of patient confidentiality, harassment, theft and any other Memorial policy will be grounds for immediate and permanent dismissal from the volunteer program.

Date: _____

I _____ am the legal representative of _____
(Parent's Name/ Legal Guardian) (Minor's Name)

and do hereby attest that I have read the above statements and I give my child permission to be a part of the Volunteer Program as well as to have a flu shot during the flu season, bloodwork will be drawn to test for tuberculosis and/or a Chest X-Ray if needed when accepted into the Volunteer Program.

Signature: _____

Email: _____ Cell #: _____

