



## Dear Prospective Volunteer:

Thank you for your interest in volunteering at Joe DiMaggio Children's Hospital. We are pleased that you have chosen our hospital.

All volunteers are required to give a minimum of a four-hour shift per week within a six-month commitment. In addition, volunteers will require the following:

- Government-issued ID
- Letter of recommendation (for teens 15yrs. to 17yrs. old)
- Background check (provided by Memorial Healthcare System)
- Tuberculosis Screening (provided by Memorial Healthcare System)
- Complimentary Uniform
- Attend a new volunteer orientation.

Please complete and click the submit button at the bottom of the application. In addition, send your letter of recommendation and government-issued ID to [JDCHVolunteer@mhs.net](mailto:JDCHVolunteer@mhs.net).

Please note we do not accept Court-Ordered Community Service.

Applicants will be accepted based on an interview and the needs of the hospital. Please contact the Volunteer Services Office at 954-265-0193. if you have any questions prior to completing the Volunteer Application.

Again, thank you for your interest in joining our Memorial Healthcare System Team.

Sincerely,

Volunteer Services Department  
Joe DiMaggio Children's Hospital  
1005 Joe DiMaggio Dr.  
Hollywood, FL 33021



**Joe DiMaggio  
Children's Hospital®**



# Joe DiMaggio Children's Hospital®

## Volunteer Application

|   |                          |                          |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Name Last:*   | First:*                  | M.I.:                    |                          |                          |                          |                          |                          |
| Address:*   |                          |                          |                          |                          |                          |                          |                          |
| City:*  | State:*                  | Zip:*                    |                          |                          |                          |                          |                          |
| Phone Number:*  |                          |                          |                          |                          |                          |                          |                          |
| Are you between the age of 15yrs. -18yrs.?* <input type="checkbox"/> Yes <input type="checkbox"/> No    |                          |                          |                          |                          |                          |                          |                          |
| Applicants E-mail address:*   |                          |                          |                          |                          |                          |                          |                          |
| Emergency Contact   |                          |                          |                          |                          |                          |                          |                          |
| Name:*  | Relationship:*           | Phone Number:*           |                          |                          |                          |                          |                          |
| Previous/Current Occupation:  |                          |                          |                          |                          |                          |                          |                          |
| School currently attending:   |                          |                          |                          |                          |                          |                          |                          |
| Special abilities/skills:   |                          |                          |                          |                          |                          |                          |                          |
| Do you speak/write an additional language?<br>If yes, please indicate the language(s):                  |                          |                          |                          |                          |                          |                          |                          |
| Please list any prior volunteer experience you have:  |                          |                          |                          |                          |                          |                          |                          |
| Please list any duties you're unable to perform?  |                          |                          |                          |                          |                          |                          |                          |
| How did you hear about our volunteer program:<br>Do you have any friends or family affiliated with MHS? |                          |                          |                          |                          |                          |                          |                          |
| What are you hoping to gain from your volunteer experience?   |                          |                          |                          |                          |                          |                          |                          |
| <b>*PLEASE CHECK THE TIMES AND DAYS YOU ARE AVAILABLE TO VOLUNTEER</b>                                  |                          |                          |                          |                          |                          |                          |                          |
| <b>TIME</b>   | <b>MON</b>               | <b>TUE</b>               | <b>WED</b>               | <b>THU</b>               | <b>FRI</b>               | <b>SAT</b>               | <b>SUN</b>               |
| <b>9AM - 1PM</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>1PM - 5PM</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>4PM - 8PM</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**PLEASE SELECT THE AREA YOU WOULD LIKE TO VOLUNTEER IN**  
(Please note that each hospital site has different areas of opportunity)

Pediatric Emergency Room: \_\_\_\_\_ Child Life Playrooms: \_\_\_\_\_ Child Life Zone: \_\_\_\_\_ NICU: \_\_\_\_\_  
 Surgical Services: \_\_\_\_\_ Nurses Station: \_\_\_\_\_ Respiratory: \_\_\_\_\_ Wellington: \_\_\_\_\_  
 Food Pantry: \_\_\_\_\_ Imaging: \_\_\_\_\_ Family Resources Center: \_\_\_\_\_ Greeter/Lobby: \_\_\_\_\_  
 Classroom: \_\_\_\_\_

|   |              |
|---|--------------|
| Signature:*   | Print Name:* |
| Parent / Legal Guardian Signature: _____<br>(Under 18 years of age) |              |



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

## **Agreement to Conduct a Background Check**

\*By clicking the 'checked' box, I understand and agree that as a part of the application process to be considered for a volunteer position at Joe DiMaggio Children's Hospital, Memorial Healthcare System will conduct a criminal background check. I agree that if I am accepted to the volunteer program, and if any information I have provided is found to be false or misleading in any way, I may be subject to dismissal from the program.

**Signature:\***

**Date:\***

**Parent Signature:**

**Date:**

*(Required if under 18 years of age)*

*Note: All (\*) fields are required*

