



## TEENAGE VOLUNTEERS

Dear Teen Applicant:

Thank you for applying to become a teenage volunteer with the Parrish Medical Center Auxiliary. The following information is provided to help you complete your application and answer a few of the questions you may have concerning our organization.

Membership is open to all young men and women between the ages of 15 and 19, inclusive, who are enrolled in school, and interested in service to the patients and employees of Parrish Medical Center. The Parrish Medical Center Auxiliary is directly responsible for, and has final jurisdiction over, the Teenage Volunteer organization.

The services provided by our Teenage Volunteers include Courier/Escort, Registration and other areas as needs arise. Additional information about services will be given to you during your interview. Please keep in mind that hospital service requires volunteers to be loyal, and use tact and discretion in every encounter, whether with patients or fellow care partners (employees, volunteers and physicians).

Teenage Volunteers work weekday evenings from 4:00 p.m. to 8:00 p.m. as well as weekends. The weekend work day is divided into two shifts: morning (9:00 a.m. to 1:00 p.m.) and afternoon (1:00 p.m. to 5:00 p.m.). Most of our Teenage Volunteers work one shift a week, however some work every other week. Teenage Volunteers are required to work a minimum of 50 hours each year.

Uniforms are required and will be explained at your interview (white/khaki pants, Auxiliary teal polo shirt, rubber or canvas shoes).

Dues for membership in the Teenage Volunteer program are \$2 annually. The initial membership dues are payable when you are accepted into the organization. You must also purchase an Auxiliary shirt (\$20).

We hope you will find—as many thousands of teenage hospital volunteers across the nation have—tremendous satisfaction from giving your time and talents to a useful purpose.

If you have any questions or concerns, please do not hesitate to contact our Patient Experience Team at 321-268-6685 or 321-268-6683.

**Application Teenage Volunteer Service**  
**PARRISH MEDICAL CENTER AUXILIARY**  
Titusville, Florida



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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Number: - - Mobile Number : - -

Emergency Contact: \_\_\_\_\_  
Name Phone Relationship

Email address: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate (mm/dd/yy): \_\_\_\_\_

(Must be 15 to 19 years of age and enrolled in school)

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Organization(s) you belong to: \_\_\_\_\_

**References:** Give at least three (two teachers; one reference should be a Teenage Volunteer or Auxiliary member).

1. \_\_\_\_\_ Phone Number \_\_\_\_\_

Email address: \_\_\_\_\_

2. \_\_\_\_\_ Phone Number \_\_\_\_\_

Email address: \_\_\_\_\_

3. \_\_\_\_\_ Phone Number \_\_\_\_\_

Email address: \_\_\_\_\_

Previous experience (volunteer, full-time or part-time work): \_\_\_\_\_

Why do you want to become a Teenage Volunteer? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**DUES ARE \$2, AND AUXILIARY SHIRTS / SMOCKS ARE \$20 —  
PAYABLE WHEN YOU ARE ACCEPTED FOR MEMBERSHIP.**

**TEENAGE VOLUNTEERS**



Dear Parent(s):

Your son/daughter would like to serve as a volunteer at Parrish Medical Center and has requested an application for membership in the Teenage Volunteer program. Parrish Medical Center Auxiliary would be pleased to consider him/her as a member of the Teenage Volunteer program if this meets with your approval. The Teenage Volunteer wears teal Auxiliary logo shirts and white/khaki pants while on duty, is considered a Junior Auxiliary member, and will work with an Auxiliary member. Some services provided by our Teenage Volunteers include Courier/Escort, Registration and other services as the need arises.

If you approve of your son/daughter serving in this worthwhile program, please sign and return the consent form below. The consent form must be received by the Auxiliary before any action can be taken on the membership application.

If you have any questions or concerns, please do not hesitate to contact our Patient Experience Team at 321-268-6685 or 321-268-6683.

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**CONSENT FORM**

To: Teenage Volunteer Chairman  
Parrish Medical Center

My son/daughter\*, \_\_\_\_\_, has my (our) consent to serve as a teenage volunteer at Parrish Medical Center.

\_\_\_\_\_  
Signature of Parent/ Parents/ Guardian

\_\_\_\_\_  
Printed Name of Parent/ Parents/ Guardian

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Date \_\_\_\_\_

**\*Please be advised that we must have your son's/daughter's shot record before they may begin volunteering. Thank you.**



As a volunteer, I realize that I am subject to a code of ethics similar to the one that binds the employees at Parrish Medical Center and its off-site family of services. Like them, I assume certain responsibilities and expect to account for my actions based on the organization's expectations. I will keep confidential matters confidential. As a "volunteer" I have agreed to work with no monetary compensation. But, once accepted as a volunteer worker, I expect to do my work according to the high standards expected of paid care partners.

I believe that all work should be carefully analyzed so work methods can be standardized. I believe that people should be studied in order to determine what jobs they can do and like to do, and that as far as possible, they should be assigned to jobs they can do well and enjoy.

I promise to be open-minded in my work, to be trained for it, and bring interest and attention to it. I realize that I may have assets that my co-workers may not have and that I should use these to enrich the projects we are working on together. I also realize I may lack assets that my co-workers have. I will not let this make me feel inadequate, but will endeavor to assist in developing good teamwork.

I will learn how I can best serve the activity for which I have volunteered, and offer as much as I am sure I can give, but no more. I realize that I must live up to my promises and, therefore, will be careful that my agreement is simple and clear so that it cannot be misunderstood.

I believe my attitude toward volunteer work should be professional. I believe that I have an obligation to my work, to those who direct it, to my colleagues, to those for which it is done, and to the public.

Being eager to contribute all I can to Parrish Medical Center's healing environment, I accept this Code of Ethics for Volunteers as my code, to be followed carefully and cheerfully.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_







**VOLUNTEER SERVICES  
WORKERS' COMPENSATION VERIFICATION FORM  
AND  
STATEWIDE CRIMINAL HISTORY BACKGROUND CHECK**

RESEARCHERS ASSOCIATES, INC.  
850-893-2548 / 850-893-9518

**Applicant's Name** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Has this person had a workers' compensation claim filed in the state of Florida in the last  
\_\_\_\_\_ years?  Yes  No**

**If Yes, Employer** \_\_\_\_\_

**Date** \_\_\_\_\_

**Type of Injury** \_\_\_\_\_

**Time Lost** \_\_\_\_\_

**Person Providing Information** \_\_\_\_\_

**Today's Date** \_\_\_\_\_



## Consent to Photograph, Videotape, Film or Interview

Parrish Medical Center (PMC) is committed to protecting the privacy and confidentiality of our patients/community and their information.

I, \_\_\_\_\_,  
(Please print: patient or his/her legal representative name)

hereby authorize and grant permission to PMC, and/or its representatives to:

- To photograph/videotape//film me (or my minor child) to document the progress of my medical care.
- To release pertinent medical and other information to the media about me (or my minor child's name) beyond the one word condition description (Good, Fair, Poor, Critical, Serious, or Undetermined).
- To interview me (or my minor child's name) for use by the news media: newspapers, magazines, radio, television, etc.
- To interview me (or my minor child's name) for use within PMC's marketing or publicity materials.
- To photograph/videotape/film me (or my minor child) for use in marketing or publicity materials.

In signing this agreement, I understand that:

1. Editing of these materials by individual media (*i.e.* television, newspaper, magazine) representatives will be done so at their discretion, and that this discretion is beyond PMC's control.
2. I have agreed to participate without monetary compensation.
3. I can revoke my consent at any time in writing, but if I do, it will not have any effect on any actions taken prior to my revocation.
4. I may refuse authorization and that this is strictly voluntary.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_