



Dear Prospective Member:

We welcome you as an applicant to the Parrish Medical Center Auxiliary. The mission of the Auxiliary is to work with compassion and integrity, in partnership with Parrish Healthcare to fulfill the Parrish Medical Center mission. We do this through volunteerism, educational scholarships and fundraising.

Auxiliary membership is open to all men and women, interested in volunteer services who meet the membership criteria. Auxiliary volunteers perform a variety of services within the Medical Center or at off-site Parrish Health Care facilities. Some of these services include guest and escort services, Pink Angel gift shop, surgical waiting, fitness center, courtesy shuttle, spiritual care, office support and other support services. Some of our services have direct patient contact, while others offer only minimal or no patient contact.

The Auxiliary works primarily Monday-Friday, although some services or special events may occur on the weekend. Shifts typically are four-hours long, and are available mornings, afternoons, and some evenings. Through the application and placement process, you will have the opportunity to learn more about the variety of positions and work shifts available.

We do wear uniforms to designate our volunteer status. Various choices of attire are available and will be explained during the interview process.

Dues for active members are \$5.00 per year. General meetings and service meetings are scheduled regularly to keep our Volunteers updated.

For more information, please contact Carlos Diaz at 321-268-6683.

Thank you for your interest,
Parrish Medical Center Auxiliary

Application Teenage Volunteer Service
PARRISH MEDICAL CENTER AUXILIARY
Titusville, Florida



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Number: _____ - _____ - _____ Mobile Number ----- _____

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 the Auxiliary president at 321-268-6333, ext. 7183.

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

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.**



CODE OF ETHICS FOR VOLUNTEERS

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: _____