

JUNIOR VOLUNTEER

Dear Teen Applicant:

Thank you for applying to become a Junior Volunteer with the Parrish Medical Center. 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 services provided by our Junior 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).

Junior Volunteers work shifts in a 4 hours time frame. The work day is divided into three shifts: morning (8:00 a.m. to 12:00 p.m.), afternoon (12:00 p.m. to 4:00 p.m.) and evening (4:00 p.m. to 8:00 p.m).

Most of our Junior Volunteers work one shift a week, however some work every other week. Junior 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, volunteer services teal polo shirt, rubber or canvas shoes).

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 the Volunteer Services department at either 321-268-6685 or 321-268-6683 or also by email at Volunteerservices@parrishmed.com

Junior Volunteer Service Application

Parrish Medical Center

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Emergency Contact: _____

	Name	Phone	Relationship
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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: Please provide at least 3 (teachers and fellow volunteers are acceptable)

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 Junior Volunteer? _____

Additional Comments: _____

JUNIOR 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 Junior Volunteer program. Parrish Medical Center would be pleased to consider him/her as a member of the Junior Volunteer program if this meets with your approval. The Junior Volunteer will wear a teal Volunteer Services logo shirts and white/khaki pants while on duty, and will work alongside Parrish Medical Center Care Partners. Some services provided by our Junior 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 Parrish Medical Center 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.

CONSENT FORM

To: Parrish Medical Center
Volunteer Services

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.**

CODE OF ETHICS FOR VOLUNTEERS

As a volunteer, I realize that I am subject to a code of ethics 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 "junior 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: _____