

**PARRISH**  
MEDICAL AUXILIARY

951 N. Washington Ave.  
Titusville, Florida 32796  
Phone: 321-268-6111  
www.parrishmed.com

Dear Prospective Member:

We would like to take this opportunity to welcome you as an applicant to the Parrish Medical Center Auxiliary. The following information is simply to aid you in completing your application and to answer a few of the questions you may have concerning our organization. Orientation is held each month to thoroughly acquaint prospective members with our hospital's mission values and journey for a healing environment.

Membership is open to all men and women who are interested in volunteer service to the hospital and who qualify for membership. Most of our members are "active" which means they work on "services" within the hospital or at an offsite campus. The services include Information Desk, Courier/Escort, Gift Shop, Surgical Waiting Room, Radiology, Lifeline, Tender Touch, Support Services and Courtesy Shuttle. Some of our services have direct patient contact, while others offer only minimal or no patient contact.

We work a seven-day week with the workday divided into three shifts; morning, afternoon and evening. The shifts are generally four hours long, and most members work one shift per week. Applicants who desire to contribute more hours are urged to work on special projects as they arise or as a substitute. We try to assign you to the service, day, and time you prefer but this is not always possible. We may ask you to select an alternate schedule and/or service. We hope you will understand our need to fulfill service commitments to the hospital.

Uniforms are required and there is a choice. This will be explained during the interview.

Dues for active members are \$5.00 per annum. General meetings are held three times per year while service meetings are scheduled quarterly to update Auxilians on hospital programs and services.

Volunteer service in the hospital requires compassion and integrity.

For more information, contact the Membership Chairman at 268-6333 extension 7182.

THE EXECUTIVE BOARD  
Parrish Medical Center Auxiliary

*50 Years*

Healing Families  
Healing Communities



## APPLICATION FOR VOLUNTEER SERVICE

NAME: \_\_\_\_\_ SPOUSE'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_ EMPLOYED: \_\_\_\_\_

PREVIOUS WORK EXPERIENCE:

As a Volunteer: \_\_\_\_\_

As a paid employee: \_\_\_\_\_

Organizations of which you are or were a member (Please indicate any office held).

Write or speak a foreign language? ( ) Yes ( ) No Which ones? \_\_\_\_\_

General condition of health? \_\_\_\_\_

Any physical limitations that prohibit pushing a wheelchair or walking 2-3 hours? ( ) Yes ( ) No

Any other limitations? \_\_\_\_\_

Have you ever been a hospital Auxiliary member? ( ) Yes ( ) No

When? \_\_\_\_\_ Where? \_\_\_\_\_

What are your reasons for joining this Auxiliary? \_\_\_\_\_

REFERENCES – No relatives or doctors. Give Auxilians if possible.

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

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

1. I understand and agree to comply with the requirements of the Parrish Medical Center Auxiliary, its rules and regulations; and the rules and regulations of Parrish Medical Center.
2. I will hold in confidence all information concerning the patients, physicians and employees of this hospital.
3. I agree to work a minimum of 100 hours a year to maintain an active membership.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN APPLICATION TO:

Membership Chairman  
Parrish Medical Center Auxiliary  
951 North Washington Avenue  
Titusville, FL 32796

## CODE OF ETHICS FOR VOLUNTEERS

As a volunteer, I realize that I am subject to a code of ethics similar to that which binds the professionals in the field in which I work. Like them, I assume certain responsibilities and expect to account for what I do in terms of what I am expected to do. I will keep confidential matters confidential. I interpret the word "volunteer" to mean that I have agreed to work without compensation in money. But, having been accepted as a worker, I expect to do my work according to standards, as the paid staff expects to do their work.

I believe that all work should be carefully analyzed in order that work methods may 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 take to my work an attitude of open-mindedness; to be trained for it; to bring it interest and attention. I realize that I may have assets that my co-workers may not have and that I should use these to enrich the project at which we are working together. I realize also that I may lack assets, which my co-workers have. I shall not let this make me feel inadequate but shall endeavor to assist in developing good teamwork.

I plan to find out how I can best serve the activity for which I have volunteered and to 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 so simple and so clear that it cannot be misunderstood.

I believe that 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 that I can to human betterment, I accept this code for the volunteer as my code to be followed carefully and cheerfully.

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



**VOLUNTEER SERVICES  
REQUEST FOR LOCAL LAW ENFORCEMENT  
CHECK FOR APPLICANTS**

Pursuant to Chapter 85-54, Laws of Florida, Parrish Medical Center requests a local records check on the applicant listed below:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Middle

\_\_\_\_\_  
First

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

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

\_\_\_\_\_  
Race

\_\_\_\_\_  
Sex

Please document the findings on this check and return the information to:

Parrish Medical Center  
Medical Staff Services  
951 N. Washington Avenue  
Titusville, FL 32796  
Phone: 321-268-6362  
Fax: 321-268-6364

I hereby authorize Brevard County Sheriff's Department to check any and all records pertaining to criminal convictions, and for any law enforcement agency to release to Parrish Medical Center information regarding convictions under Florida Statutes or statutes of other jurisdiction.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**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? \_\_\_\_\_

IF YES, EMPLOYER: \_\_\_\_\_

DATE: \_\_\_\_\_

TYPE OF INJURY: \_\_\_\_\_

TIME LOST: \_\_\_\_\_

PERSON PROVIDING INFORMATION: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

CHECKED BY: \_\_\_\_\_



### Confidential Personal Profile

Please take a few moments to complete your personal profile sheet for your file folder. This will assist us in identifying special skills and talents of our membership.

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

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

Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Are you Retired? \_\_\_\_\_

Are You a Year-Round Resident? \_\_\_\_\_

Special Interests: \_\_\_\_\_

Special Skills (please mark all that apply):

Accounting \_\_\_\_\_

Computer \_\_\_\_\_

Secretarial \_\_\_\_\_

Special Events \_\_\_\_\_

Writing \_\_\_\_\_

Other: \_\_\_\_\_

Hobbies and/or Talents: \_\_\_\_\_

Do you speak a language other than English? \_\_\_\_\_

If yes, what language(s)? \_\_\_\_\_

Experience in Other Organizations: \_\_\_\_\_

Are you interested in serving on a committee (please check all that interest you):

Auxilian of the Quarter \_\_\_\_\_

Executive Board \_\_\_\_\_

Scholarship \_\_\_\_\_

Special Events \_\_\_\_\_

Service Chairman \_\_\_\_\_

Service Assistant Chairman \_\_\_\_\_

Nominating Committee \_\_\_\_\_

Thank you for taking the time to complete this form so that we may better serve you.