

TEENAGE VOLUNTEERS

Dear Applicant:

We would like to take this opportunity to welcome you as an applicant to the Parrish Medical Center Auxiliary organization. The following information is provided to aid you in completing your application and answering 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, enrolled in school, and are 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, Emergency Room Registration and other areas as needs arise. Additional information about services will be provided to you during your interview. Please keep in mind that hospital service requires the volunteer to exhibit a great deal of loyalty, tact and discretion.

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 three shifts: morning (8:00 a.m. to 12:00 noon), afternoon (12:00 noon to 4:00 p.m.) and evening (4:00 p.m. – 8:00 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 100 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 \$2.00 annually. The initial membership dues are payable when accepted.

We hope that you will find, as many thousands of teenage hospital volunteers across the nation have, the tremendous satisfaction that comes from giving of one's time and talents to a useful purpose.

If you desire additional information or have any questions, please do not hesitate to contact the Teenage Volunteer Chair or the President of the Auxiliary.

Sincerely,

William Terry
President/PMC Auxiliary
Telephone: 268-6333 ext. 7183

50 Years

Healing Families
Healing Communities

PARRISH MEDICAL CENTER AUXILIARY
Titusville, Florida

APPLICATION FOR VOLUNTEER SERVICE AS A TEENAGE VOLUNTEER

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Number: (____) _____ Mobile Number: (____) _____

Age: ____ Birthdate (MM/DD/YR): _____
(Must be 15 to 19 years of age and enrolled in school)

School Attending: _____ Grade: _____

Organization(s) to which you belong: _____

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

1. _____ Daytime Phone: _____

2. _____ Daytime Phone: _____

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

Why do you desire to become a Teenage Volunteer? _____

Additional Comments: _____

Signature of Applicant: _____ Date: _____

DUES ARE \$2.00 AND PAYABLE WHEN ACCEPTED FOR MEMBERSHIP.

TEENAGE VOLUNTEERS

Dear Parent(s):

Your son/daughter has expressed a desire 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 and white/khaki while on duty, is considered a Junior Auxiliary member, and will work with an Auxiliary member. Some of the services provided by our Teenage Volunteers include Courier/Escort, Emergency Department 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 prior to any action being taken on the application for membership.

If you have any questions or concerns, please do not hesitate to contact me at 268-6333 ext. 7183.

Sincerely,

William Terry
President/PMC Auxiliary

CONSENT FORM

To: Teenage Volunteer Chairman
Parrish Medical Center

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

Signature of Parent or Parents

Address

City

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: _____

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: _____