Dear Prospective Volunteer:

Thank you for your interest in volunteering at Memorial Hospital Pembroke. We are pleased that you have chosen our hospital.

All volunteers are required to give a minimum of a four-hour shift per week with in a six month commitment. In addition, volunteers will require the following:

- Proof of COVID vaccine
- Flu vaccine (during flu season)
- A tuberculosis test (provided by Memorial Healthcare System)
- A background check (provided by Memorial Healthcare System)
- Purchase a volunteer uniform for $20 (cash)
- Attend a new volunteer orientation

Please complete the enclosed application and return it to the Volunteer Services Department located inside the Human Resources Department on the first floor. Please note that we ***do not*** accept Court Ordered Community Service.

Applicants will be accepted based on an interview and the needs of the hospital. Again, thank you for your interest in becoming part of our Memorial Hospital Pembroke Team.

Sincerely,

Veronica Palmer
Associate Director, Volunteer Services
Memorial Hospital Pembroke
7800 Sheridan Street
Pembroke Pines, FL 33024
vpalmer@mhs.net
954-538-4640

Adult Volunteer Application

Date:

Name: Last First M.I.
Address:
City State Zip
Home number: Cell number:
Date of Birth: E-mail address:
Please provide **names** and **numbers** of family or friends we may contact incase of an emergency: Name: Relationship: Name: Relationship: Phone Number: Phone Number:
Previous/Current Occupation:
Special abilities/skills:
Do you speak/write an additional language? If yes, please indicate the language(s):
Please list any prior volunteer experience you have:
Please list any volunteer duties unable to perform:
How did you hear about our volunteer program:
What are you hoping to gain from your volunteer experience with Memorial Hospital Pembroke:
List any months you are unavailable to volunteer:

PLEASE CHECK THE TIMES AND DAYS YOU ARE AVAILABLE TO VOLUNTEER

TIME	MON	TUE	WED	THU	FRI	SAT	SUN
9AM - 1PM							
1PM – 5PM							
5PM – 9PM							

PLEASE SELECT THE AREA YOU WOULD LIKE TO VOLUNTEER IN

(Please check all that apply)

Gift Shop_____ Emergency Room_____ Information Desk_____ Rehab _____
Clerical _____ Nurses Station _____ Floater/Runner _____ Security_____
Food Service _____ Pediatric ER _____ Other_____

OFFICE USE ONLY

DEPARTMENT: _____**DAYS**:_____**HOURS**: _____

Please note we do not provide court ordered community service hours.

Prospective volunteers will be subject to a background check. Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, sex, marital status or disability. Please answer all questions.

HAVE YOU EVER BEEN CONVICTED OF A FELONY?
_____Yes _____No

HAVE YOU EVER BEEN PLEAD NOLO CONTENDRE (NO CONTEST) TO FELONY? _____Yes _____No

HAVE YOU EVER PLEAD GUILTY TO A FELONY?
_____Yes _____No
(Include any and all instances of the foregoing even if adjudication is withheld).

Signature: _____ Date: _____

Memorial Hospital Pembroke

NOTICE TO APPLICANT OR EMPLOYEE OF INTENT TO OBTAIN AN INVESTIGATIVE CONSUMER REPORT

Dear Applicant or Employee:

In connection with your application or employment, Memorial Healthcare System would like to procure certain background information concerning you which is contained in an investigative consumer report. An investigative consumer report may contain information regarding your creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, mode of living, and/or criminal background. This information may be gathered from personal interviews with your neighbors, friends, and/or associates, e.g., former employers.

Before we may procure an investigative consumer report, you must authorize in writing. You have the right to decline authorization for Memorial Healthcare System to procure an investigative consumer report. However, if you are an applicant, we will not consider you further for employment if you so decline. If you are an employee, we may consider employment action if you decline.

We intend to ask your former employer(s) the following questions concerning you:

- What were the dates of your former employment?
- What position(s) did you hold?
- Were you ever demoted or otherwise disciplined? If so, what were the circumstances?
- Did you perform your job in a satisfactory manner?
- Under what circumstances did you leave?
- Would you rehire the individual?

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

RELEASE TO PROCURE AN INVESTIGATIVE CONSUMER REPORT

I have read the "Notice to Applicant or Employee" on the other side of this form.

I understand that I have the right to decline authorization for Memorial Healthcare System to procure an investigative consumer report concerning me.

I understand that the investigative consumer report may contain information concerning my: creditworthiness, credit standing, general reputation, personal characteristics, mode of living, and/or criminal background. I also understand that this information may be gathered from personal interviews with my neighbors, friends, and/or associates, e.g., former employers.

As disclosed on the back of this form, I understand the nature and scope of the investigation that is going to be made into my background.

Understanding these rights,

_____ I authorize Memorial Healthcare System to procure an investigative consumer report concerning me.

_____ I do not authorize Memorial Healthcare System to procure an investigative consumer report concerning me.

NAME (Print Please): _____

SIGNATURE: _____

DATE: _____