



Dear Prospective Teenage Volunteer (14 – 18 yrs.):

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

All volunteers are required to schedule a minimum four-hour shift per week with in six month commitment. In addition, teen volunteers must meet the following requirements:

- 3.0 GPA (proof of official High School transcript)
- Copy of birth certificate or government issued ID, for proof of age
- 2 letters of character reference on a school letter head or by a community leader
- A tuberculosis test (provided by the Memorial Healthcare System)
- Proof of COVID vaccine
- Purchase of a volunteer uniform (\$20 cash)
- Attend a new volunteer orientation

Please keep in mind that all of the documents must be turned in before we will process your application and call you for an interview.

After you have assembled the necessary forms, please return them 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



Teen Volunteer Application

Name: Last	First	M.I.
Address:		
City	State	Zip
Home number:		Cell number:
Date of Birth:		E-mail address:
Please provide name, relationship and cell number of family members we may contact in case of an emergency:		
1.	2.	
School Attending:		
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 Miramar:		
List any months you are unavailable to volunteer:		
PLEASE CHECK THE TIMES AND DAYS YOU ARE AVAILABLE TO VOLUNTEER		

TIME	MON	TUES	WED	THUR	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 _____
 H.A.N.D.S. Program/Mother Baby _____ Food Service _____ Other _____

Signature: _____ Date: _____

For office use only Department: _____ Day: _____ Time: _____



***VOLUNTEER SERVICES DEPARTMENT
TEENAGE VOLUNTEERS ONLY***

Acknowledgement for parents to review and return with volunteer application

All Teenagers will be personally interviewed and approved by the Associate Director of Volunteer Services or his/her designee. **It is our expectation that the teen volunteer applicant fill out their own application/contact information. This will be taken into consideration as part of the interview process.** Parents initial required: _____

The application packet must include:

- 2 Character Reference letters on letterhead (high school teacher)
- Official high school transcript or most current report card (3.0 GPA)
- Verification/proof of age (copy of birth certificate)
- Signed parental consent form for PPD (TB Screening)
- Signed parental acknowledgement form

Teenagers all required documents have been submitted.

Uniforms should be purchased before Orientation and must be worn at all times while working in the hospital. The uniform is a volunteer jacket or polo shirt plus khaki pants and rubber soled white shoes (sneakers acceptable).

All teen volunteers are expected to schedule a minimum of one (1) day a week, for one (1) four (4) hour shift per week (96 hours within a 6 month period), and are entitled to a free meal prior to or upon completion of their shift.

Service hours will be awarded at the completion of their six-month commitment. Service hour letters must be requested within a month of leaving the Volunteer Services Department.

The Volunteer Department disciplinary policy applies to teen volunteers. If necessary, a parent will be contacted to address behavior and/or disciplinary issues. Teen volunteers who do not abide by the Volunteer Department standing Rules of Conduct will be subject to termination from the program.

When exiting the program, the hospital ID Badge must be turned into the Volunteer Services Department. The ID Badge is considered hospital property.

An all-day Orientation is required for admittance to the program.

Seniors will not be accepted past **September** of their senior year.

Parents Signature: _____

Printed Name: _____

Date: _____

VOLUNTEER SERVICES DEPARTMENT

Parental Consent Form

I, _____, am the legal representative of
(Parent's Name/Legal Guardian)

_____ and I do hereby give
(Minor's Name)

Memorial Hospital Miramar permission to test _____
(Minor's Name)

To have a Purified Protein Derivative (PPD), to test for Tuberculosis

Or

To have a Quantiferon Gold (Blood Test)

A Chest X-Ray (if either of the above tests are positive)

Date

Parent/Guardian Signature