



## CLEVELAND CLINIC FLORIDA (CCF)

### ADULT VOLUNTEER SERVICES PROGRAM APPLICATION

*Please keep this top sheet as your record of CCF contact information.*

Thank you for your interest in our volunteer program. We receive many inquiries from potential volunteers and we do appreciate the communities' interest in our program.

If you are interested, please complete this application and return it to the Visitor's Information Desk of the Hospital. You can also send the application to the address listed below. Applicants are contacted by email and invited to an orientation in the order that the completed applications are received and processed in the Volunteer Office. The Volunteer Program process consists of the following: Application, Orientation, 2 TB/PPD Screenings, Background/Security Check, Badge and Shirt after Clearance and Assignment to a department in the hospital/clinic area.

At this time, I have more "volunteer applicants" than I have available "volunteer assignments". Therefore, you may not be invited to an Orientation for several months.

Please understand, when you are a volunteer, I must be able to rely on you to appear as scheduled for your assignment. New volunteers must remain in the position to which they are assigned for two months before requesting a new assignment. After the two months, please contact me to discuss another assignment. Many areas of the Hospital and Clinic request volunteer help and it is not always possible to make an assignment of your first choice.

Although CCF is a 24/7 operation, volunteer assignments only cover 8:00 a.m. – 8:00 p.m., Monday through Sunday. Volunteer assignments are 4 hour shifts, specifically 8:00 a.m. – Noon, Noon – 4:00 p.m., and 4:00 p.m. – 8:00 p.m. Adults are needed presently, from 4:00 p.m. – 8:00 p.m. Monday – Friday, at the Hospital Information Desk. Every volunteer is expected to complete one shift per week; more if they choose to. **In order to be accepted in the program, the volunteer commitment is no less than 6 months in duration and 140 hours.**

If you have any questions, you may contact me by email: [neales2@ccf.org](mailto:neales2@ccf.org). Email is the most efficient and reliable method of contacting me.

Thank you,

Stormie Neale

Volunteer Services Coordinator

Cleveland Clinic Florida  
Volunteer Services  
3100 Weston Road  
Weston, FL 33331



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

## ADULT VOLUNTEER APPLICATION

Name: \_\_\_\_\_  
Last First Middle Male/Female

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email (must be provided): \_\_\_\_\_

Birth Date (MM/DD/YYYY): \_\_\_\_\_ Social Security: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_

If currently employed, name of employer: \_\_\_\_\_

Position: \_\_\_\_\_ Work hours & days: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Completed Education: \_\_\_\_\_

List limitations related to health: \_\_\_\_\_

Contact in Case of Emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, explain when, where, and provide the disposition of the case: \_\_\_\_\_  
\_\_\_\_\_

Is your interest in volunteering for court ordered community service? \_\_\_\_\_ (If yes, we will unfortunately have to decline your application for volunteer service.)

How did you become interested in our volunteer program: \_\_\_\_\_  
\_\_\_\_\_

Do you have previous volunteer experience: \_\_\_\_ Yes \_\_\_\_ No

List previous volunteer experience: \_\_\_\_\_

Indicate hobbies/special interests: \_\_\_\_\_

Hours and days available to volunteer: \_\_\_\_\_

Please provide any other information you feel would be pertinent to your application:  
\_\_\_\_\_  
\_\_\_\_\_

**Interest/Skills (please indicate with a check mark what you would be willing to share as a volunteer)****Clerical Skills**

☐ Typing ☐ Filing ☐ Phone Receptionist ☐ Using Copier  
☐ Librarian ☐ Record Updating ☐ Numerical Updating ☐ Computer  
☐ Alphabetizing ☐ Other (specify) \_\_\_\_\_

**Patient Comfort Services  
(as applicable to the hospital)**

☐ Patient escort/transport service ☐ Messenger service ☐ Visiting  
patients ☐ Greeting patients ☐ Other (specify) \_\_\_\_\_

**Communication Skills**

☐ Photography ☐ Calligraphy ☐ Foreign Language (specify language)  
\_\_\_\_\_ ☐ Graphic Arts ☐ Other (specify) \_\_\_\_\_

**Personal Skills (to use or teach if  
called upon)**

☐ Sewing ☐ Crafts ☐ Gift Wrapping ☐ Event decorating or planning  
☐ Handyman repairs ☐ Musical Instrument (specify) \_\_\_\_\_  
☐ Other (specify) \_\_\_\_\_

**Additional Skills/Comments****Special Area of Interest in  
Volunteering:**

***The above information is accurate and correct to the best of my knowledge.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your signature indicates your approval for us to begin processing your application. The Volunteer Service Department is not obligated to provide a placement, nor are you obligated to accept the position offered. **Volunteer commitments should be no less than 6 months in duration or 140 hours.**

As an integral part of Cleveland Clinic, our mission is to offer ourselves  
and our time to unconditionally render quality service to  
patients, families, visitors, and our fellow coworkers.

"I have the time"

## Volunteer Background Check 2015



### Request for Background Check

Account #002824

Social Security Number:

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

Date of Birth – used for identification purposes only

			-			-					
Month			Day			Year					

First Name:	Middle Name:	Last Name:			
Other Names Used (maiden name, aka names, etc.)					
Current Residential Address:					
City:		State:		Zip:	
List each CITY, STATE, and ZIP CODE (if known) where you have lived during the past seven years:					
CITY	STATE	ZIP CODE	FROM DATE	TO DATE	[ ]
					[ ]
					[ ]
					[ ]
					[ ]
					[ ]
					[ ]
					[ ]
Driver's License Number:			State of Issue:		

## Volunteer Background Check 2015

### FCRA NOTICE AND ACKNOWLEDGMENT

#### IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT

#### NOTICE REGARDING BACKGROUND INVESTIGATION

Cleveland Clinic Florida ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include, but is not limited to: employment and education verifications; social security number verification; criminal and civil court records; personal interviews; driving records; and/or any other public records or any other information bearing on my character, general reputation, personal characteristics and trustworthiness. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report.

The report will be generated by Universal Background Screening (4400 North Central Avenue, Suite 1000, Phoenix, AZ 85012, 1-877-263-8033) or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**New York applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

#### ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION (above) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (separate document) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Universal Background Screening, another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

**Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. (\_\_\_)

**California applicants or employees:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. (\_\_\_)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security No. (SSN)