Cleveland Clinic

CLEVELAND CLINIC FLORIDA ADULT VOLUNTEER SERVICES PROGRAM APPLICATION

Thank you for your interest in the Cleveland Clinic Florida (CCF) Volunteer Program. We receive many inquiries from potential volunteers and we do appreciate the community's interest in our program.

If you are interested in volunteering, please complete this application and return it to the Visitor's Information Desk at the hospital or send it to the address on the application. 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:

- Receipt of your application
- Proof of a cleared TB/PPD Screening and a Flu shot (during flu season)
- Background/Security Check
- Mandatory attendance of a Volunteer Orientation session

Once the above criteria has been met, you will receive a hospital Security Badge and a Volunteer Shirt, as well as your Volunteer Assignment* in one of the departments at CCF.

Volunteer Program Hours:

Although CCF is a 24/7 operation, volunteer shifts are from Monday through Sunday, 8:00 AM – 8:00 PM. Volunteer assignments are 4 hour shifts, specifically 8:00 AM – Noon, Noon – 4:00 PM and 4:00 PM – 8:00 PM. Adult volunteers are primarily scheduled in the morning (8 AM – Noon) and in the afternoon (Noon – 4 PM) when the greatest number of patients, visitors and activities are present in all of the facilities.

Our very popular Teen Volunteer Program operates Monday – Friday from 4 PM - 8 PM and they cover all three shifts on Saturday and Sunday; therefore, few adult volunteers are scheduled in the evenings and on the weekends.

Every volunteer is expected to complete one shift per week; more, if they commit to a regular, reliable schedule. In order to be accepted in the program, the volunteer must commit to no less than 6 months in duration and 140 hours of service.

*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, you can contact me to discuss another assignment. While every effort is made to place volunteers in their preferred areas, many areas of the hospital and clinic request volunteer help and that is the priority of the Volunteer Service Office. It is not always possible to make an assignment of your first choice.

If you have any questions, please email: <u>neales2@ccf.org</u> – this is the most efficient and reliable method of contacting me.

Please keep this top sheet as your record of CCF contact information. Thank you,

Stormie Neale Volunteer Services Administrative Program Coordinator III

Revised 1/2018

Cleveland Clinic

ADULT VOLUNTEER APPLICATION

Date:	_			
Name				
Name: Last	First	Middle	Male/Female	
Address:		City:		
State: Zip:	Home Phone:	Cell:		
Email (must be provided, please print clearly):				
Birth Date (MM/DD/YYYY): _		_ Are you a US Citizen? (pleas	e circle) Yes No	
If no, please specify your stat	us:	Driver's License No.:		
If currently employed, name	of employer:			
Position: Work hours & days:				
Previous Employer:		Position:		
Completed Education:				
List limitations related to hea	lth:			
Do you have any physical or mental conditions that will require an accommodation if you are selected as a volunteer? Yes No If yes, explain				
Contact in Case of Emergency	:	Relationship:		
Home Phone:	Co	ell:		
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? (We need to review information based on each case. We may have to decline your application for volunteer service.)				
PREVIOUS VOLUNTEER EXPER	IENCE AND INTERESTS			
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:				
Revised 1/2018				

Hours and days available to	volunteer:			
Special Area of Interest in volunteering (if any):				
Please provide any other information you feel would be pertinent to your application:				
Experience & 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)			
Personal Skills (to use or teach if called upon)	(_) Sewing (_) Crafts (_) Gift Wrapping (_) Event Planning or Decorating (_) Musical Instrument (specify) (_) Other (specify)			
Additional				
Skills/Comments				
SIGNATURE AND APPROVAL TO PROCESS APPLICATION				
Your signature below indicates that all information supplied is accurate and gives us your approval 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, to be completed in 35 4-hour shifts on a consistent basis. If accepted by Cleveland Clinic Florida to participate as a volunteer in the Volunteer Services Department, I acknowledge that there is the chance that I may be injured or become ill and require medical treatment while at the Cleveland Clinic. Should this occur, I will immediately notify the office of Volunteer Services. I also understand that is my sole responsibility, both financial and otherwise, to obtain any necessary medical treatment				
	Date:Date:			
(Please use full legal name)				
Poturn Application to				
Return Application to: Cleveland Clinic Florida				
	Volunteer Services			
	3100 Weston Road			
	Weston, FL 33331			
	Attn: Stormie Neale			
	Neales2@ccf.org			
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