

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: neales2@ccf.org – 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

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	<input type="checkbox"/> Typing <input type="checkbox"/> Filing <input type="checkbox"/> Phone Receptionist <input type="checkbox"/> Using Copier <input type="checkbox"/> Librarian <input type="checkbox"/> Record Updating <input type="checkbox"/> Numerical Updating <input type="checkbox"/> Computer <input type="checkbox"/> Alphabetizing <input type="checkbox"/> Other (specify) _____
Patient Comfort Services (as applicable to the hospital)	<input type="checkbox"/> Patient escort/transport service <input type="checkbox"/> Messenger service <input type="checkbox"/> Visiting patients <input type="checkbox"/> Greeting patients <input type="checkbox"/> Other (specify) _____
Personal Skills (to use or teach if called upon)	<input type="checkbox"/> Sewing <input type="checkbox"/> Crafts <input type="checkbox"/> Gift Wrapping <input type="checkbox"/> Event Planning or Decorating <input type="checkbox"/> Musical Instrument (specify) _____ <input type="checkbox"/> 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

Signature: _____ Date: _____
(Please use full legal name)

Return Application to:

Cleveland Clinic Florida
Volunteer Services
3100 Weston Road
Weston, FL 33331
Attn: Stormie Neale
Neales2@ccf.org