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
ADULT VOLUNTEER APPLICATION

Date: ____________________

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? (please circle) Yes  No

If no, please specify your status: ___________________________________ Driver’s License No.: ____________________

If currently employed, name of employer: __________________________________________

Position: ______________________ Work hours & days: ________________________________

Previous Employer: __________________________________ Position: _________________________

Completed Education: _____________________________________________________________

List limitations related to health: __________________________________________________

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: ___________________________ 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? ________ (We need to review information based on each case. We may have to decline your application for volunteer service.)

PREVIOUS VOLUNTEER EXPERIENCE 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: ________________________________________________________________
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)

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

Revised 1/2018