

# CLEVELAND CLINIC FLORIDA TEEN VOLUNTEER SERVICES PROGRAM APPLICATION

Thank you for your interest in the Cleveland Clinic Florida (CCF) Teen Volunteer Program. Please complete this application and return it to the Visitor's Information Desk of the hospital or send it to the address on the application. The application must be accompanied by a recommendation from your school guidance counselor (on school letterhead). Acceptance to the volunteer program is not guaranteed to all applicants.

#### Please note:

- Teen volunteers are required to complete a minimum of 140 hours of volunteer service before your school community service forms are signed or a letter of recommendation is written (This hourly commitment should be served in 35 4-hour shifts completed on a consistent weekly basis with any time-off approved in advance.)
- The Teen Program always has a waiting list of 4-6 months. We encourage you to apply to other local programs, too, for your Community Service Hours especially if you are in 11<sup>th</sup> or 12<sup>th</sup> grade.
- Accepted applicants are contacted by email [an email address must be included on the application] and
  invited to an orientation in the order that their completed application was received and processed in the
  volunteer office.

#### The Volunteer Program Process:

- Receipt of your Application with a Recommendation Letter from a School Guidance Counselor [on School Letterhead]
- Mandatory attendance of a Volunteer Orientation session
- Proof of a cleared TB screening [1 shot, 2 visits] and a Flu shot [during flu season]
- An electronic onboarding system with profile, policies and background verification

Once the above criteria has been met, you will receive a security badge, a volunteer shirt and your volunteer assignment\* in one of the departments at CCF.

#### **Volunteer Program Hours:**

The Teen Volunteer Program operates in 4-hour shifts. Every volunteer is expected to complete one shift per week, more if they choose to, on a regular consistent basis. The available shifts are:

Monday – Friday: 4 PM – 8 PM
 Saturday & Sunday: 8 AM – 12 PM
 12PM – 4 PM
 4 PM – 8 PM

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

\*Volunteers will be assigned where they are <u>needed</u>. New volunteers must remain in their assigned position for two months before requesting a new assignment. After two months, please email me at <u>neales2@ccf.org</u> if you wish to change your 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.

Thank you,

Stormie Neale

Volunteer Services, Administrative Program Coordinator III 1/2019



#### TEEN VOLUNTEER SERVICES APPLICATION

\*Application will not be accepted unless accompanied by a letter of recommendation from school guidance counselor [on school letterhead]. Acceptance into the Teen Volunteer Program is not guaranteed to all applicants.

<u>Please note: Applications for the Teen Summer Program must be submitted with a recommendation letter by March 31, 2019.</u>

Please print clearly Date: Last First Middle Female/Male City \_\_\_\_ Address State Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address: (must be provided and printed clearly) Age (between 15 & 17) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Are you a US Citizen? Yes\_\_\_\_ No \_\_\_\_ If no, please specify your status Father's Name Telephone \_\_\_ Mother's Name \_\_\_\_\_\_ Telephone \_\_\_\_\_ Contact in Case of Emergency \_\_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_ 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 \_\_\_\_\_ \*\*\* Have you ever been convicted of a crime: If yes, explain when, where and provide the disposition of the case attached separately. Academic Background School you attend \_\_\_\_\_ City \_\_\_\_ Grade \_\_\_\_\_ GPA \_\_\_\_ Name of Guidance Counselor \_\_\_\_\_ Languages you speak (other than English) **Extracurricular Activities:** Sports School Clubs Student Government Church Activities Other

Job, Volunteer or Community Service Experience:
Job, Volunteer of Community Service Experience.
Employer/Organization:
Position/Duties:
Total Length of Time:
Are you applying for a position at Cleveland Clinic to fulfill community service hours for school?
Yes No
Consent for Program Participation (Parent/Guardian and Student)
• 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.
I authorize Cleveland Clinic to give emergency medical treatment to my son/daughter.
<ul> <li>I understand that the CCF Volunteer Program requires a minimum of a <u>140 hour commitment</u>, to <u>be completed</u> in <u>35 4-hour shifts on a consistent basis</u> in order to receive community service credit and a recommendation letter.</li> </ul>
<ul> <li>I understand that school mandated community service is an important part of the graduation requirement and shares equal importance as other high school course requirements. As such, I will encourage my teen to respect Cleveland Clinic and the Volunteer Program as it pertains to its rules and regulations.</li> </ul>
I give my permission to have the tuberculosis screening and/or chest x-ray as required by the State of Florida.
<ul> <li>I understand and agree to begin volunteering within 2 weeks of attending orientation and receiving my TB screening clearance.</li> </ul>
Signature Date
Parent or Guardian (must sign using full legal name)

## Return Application to:

Student Applicant (must sign using full legal name)

Signature \_

Cleveland Clinic Florida Volunteer Services 3100 Weston Road Weston, FL 33331 Attn: Stormie Neale

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.

Date \_\_

"I have the time"