

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 11th or 12th 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 test [1 shot, 2 visits] and a Flu shot [during flu season]

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:

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 needed.** New volunteers must remain in their assigned position for two months before requesting a new assignment. After two months, please email me at neales2@ccf.org 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

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***Application will not be accepted unless accompanied by a letter of recommendation from school guidance counselor [on school letterhead].**

Please note: Acceptance into the Teen Volunteer Program is not guaranteed to all applicants.

Name _____				Date: _____	
Last	First	Middle	Female/Male _____		
Address _____				City _____	
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 _____					
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					
Part-time Job					
Other					

Job, Volunteer or 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 ____

How many hours do you need? _____

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.**
- I understand that the CCF Volunteer Program requires a minimum of a **140 hour commitment, to be completed in 35 4-hour shifts on a consistent basis** in order to receive community service credit and a recommendation letter.
- 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.
- I give my permission to have the tuberculosis screening and/or chest x-ray as required by the State of Florida.
- I understand and agree to begin volunteering within 2 weeks of attending orientation and receiving my TB clearance.

Signature _____ Date _____
Parent or Guardian (must sign using full legal name)

Signature _____ Date _____
Student Applicant (must sign using full legal name)

Return Application to:
Cleveland Clinic Florida
Volunteer Services
3100 Weston Road
Weston, Fla. 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.

"I have the time"