



TEENAGE VOLUNTEER APPLICATION REQUIREMENTS & INFORMATION

We are excited and want to thank you for your interest in wanting to volunteer at Miami Children's Hospital. The Community and Volunteer Resources Department orients, interviews, trains and places all qualified who want to volunteer. We enthusiastically welcome individuals of all backgrounds and abilities. Applicants must be at least 14 years of age and, in most cases, at least 16 years of age to work directly with the young patients. Applicants must have good general health, be able to communicate well in English (knowledge of a second language is a plus!), and be willing to purchase a volunteer uniform.

Areas of Service include but are not limited to:

Admitting	Activity Cart*	Administrative Offices
Child Care Center	E.R. Registration	Emergency Room Nursing*
Hospitality/Coffee Cart	Information Desk	Playroom*
Bedside Buddies/Music*	Medical Offices	Pharmacy
Outpatient Center	Radiology	

* *Patient Area placements are available (at the discretion of the Community and Volunteer Resources Staff) after you have volunteered 3 consecutive months and demonstrated your reliability and abilities. Additional Workshop is required.*

COMMITMENT & REQUIREMENTS Volunteers agree to a minimum commitment agreement in their assigned areas under one of the following: (Please Check One)

- 3 month consistently** (Non-Patient Area)
Volunteer weekly in a three hour shift
(2) Absences in a 3 month period of time
- 6 month consistently** (Patient Area are not available to all teens)
Volunteer weekly in a three hour shift
(2) Absences allowed in a 3 month period of time
- Summer Commitment** (Non-Patient & Limited Patient Area)
Volunteer (2) times a week in a three hour shift
(2) Absences allowed during the full summer commitment period.
Begins the week after school ends, thru the last week before school begins

PERSPECTIVE HIGH SCHOOL TEENS-APPLICATION PROCESS:

The Volunteer Department runs a year long program for volunteers. Orientations for perspective new volunteers are held on a need basis. Therefore, we open the program periodically to accept new volunteers. Teen Orientations and volunteer service placements are determined by program capacity of 200 teen volunteers. Once volunteers begin, we understand commitments change at certain times of the year. At these times, we will accommodate schedules based on availability.

Teen Volunteers must submit their applications along with the following:

1. Documentation of Measles, Rubella (MMR) & Chicken Pox
2. Most recent report cards (All academic grades must be **C** or better and Conduct Grades must be **B** or better to be eligible for the program)
3. Copy of birth certificates or proof of age (14 years of age minimum requirement)

We accept applications and documentations through:

1. Mid-August to be eligible to attend Orientation in August or September.
2. Mid-December to be eligible to attend Orientation in January.
3. Mid-April to be eligible to attend Orientation in April or May for the **Summer Program**.

Once application is complete, you can fax your application to 305-662-8356, or scan & e mail to Aida.panceira@mch.com. After your application has been received, you will be e mailed or US Post mailed a Volunteer Orientation Notice invitation.

You can also bring or US Post Mail your application or bring to:
Miami Children's Hospital
Community & Volunteer Resources Department
3100 S.W. 62 Ave
Miami, FL 33155

Verification of Hours: Volunteer hours will be verified and signed off once the minimum commitment stated above has been met.

Orientations & Training: Orientation attendance is required and provided by the Community and Volunteer Resources Department. You will be sent an Orientation Notice Invitation after your application has been received. The Volunteer Orientation takes approximately two hours. Additional Workshops are required for anyone wishing to volunteer in Patient Areas and the Child Care Center. The Patient Care Workshops usually last about 3 hours. All other departments train on the job.

Interviews: After attending a Volunteer Orientation you will be scheduled to have an interview. The purpose of the interview is to help us become acquainted and determine your volunteer placement and schedule.

Further details will be provided at the Volunteer Orientation.

If you have any questions, contact the Community & Volunteer Resources Department at (305)662-8225 Fax: (305)662-8356
We appreciate your interest in Miami Children's Hospital.



TEEN VOLUNTEER APPLICATION FORM

Required with your application:

OFFICE USE ONLY
Sent Orientation Notice: _____
Orientation Date: _____
Interview Date: _____
Time: _____

1. All IMMUNIZATION RECORDS.
2. A copy of your last REPORT CARD from school.
3. A copy of your BIRTH CERTIFICATE.
4. Form must be completed by the Teen Applicant.

Please fill out this form, your parent must sign the consent form and mail back to the Community & Volunteer Resources Department.

NAME		PHONE		CELL Phone			
ADDRESS			CITY		STATE		ZIP
E-MAIL			BIRTH DATE		AGE		
SCHOOL			GRADE	HOURS REQUIRED FOR SCHOOL			
IF EMPLOYED NAME OF EMPLOYER				EMPLOYER PHONE			
Please describe any previous volunteer experience you have:							
List any special skills, interests, hobbies that would be an asset in your volunteer services, i.e.: language, clerical, art, music, etc.							
List three choices of days and hours you are available to volunteer (number your choices in order of preference):							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING							
AFTERNOON							
EVENING							
REFERENCE: (an adult, not related to you, that you know through school, community, religious institution, employment)							
NAME		PHONE		How do you know this person?			
NAME		PHONE		How do you know this person?			
EMERGENCY CONTACT		PHONE		RELATION			
PHYSICIAN		PHONE					
YOUR SIGNATURE				DATE			

Miami Children's Hospital Teen Volunteer
PARENTAL CONSENT

I hereby consent to the participation of my daughter/son _____, in the Teenage Volunteer Program for Miami Children's Hospital.

I also authorize the emergency treatment of my daughter/son (named above) if s/he is injured or taken ill while volunteering for Miami Children's Hospital, if the hospital is unable to contact a parent or guardian for permission to treat.

I also give permission to use any photographs that are taken of my daughter/son, while s/he is volunteering for the hospital, for the use of publicity in promoting the hospital without limitation or reservation.

Signature of
Parent or Guardian: _____ Date: _____

Day Phone: _____ Evening Phone: _____

**PARENTAL CONSENT FORM FOR
LABORATORY BLOOD TEST**

This is a consent for Laboratory Blood Test to test for Tuberculosis exposure, immunities to Rubella, Measles IGG (Rubeola) and Varicella Zoster (Chicken Pox).

I hereby give my permission for my daughter/son: _____
to have **Laboratory Blood Test** done. I understand that there is no charge for this service.

Print Name of Parent or Guardian: _____

Signature of Parent
or Guardian: _____ Date: _____

**YOUR PARENT OR GUARDIAN MUST SIGN BOTH PARTS
OF THIS CONSENT FORM.**