

Dear Prospective TeenAge Volunteer,

Thank you for your interest in the Teenage Volunteer Program at South Lake Hospital. Teenage volunteers are an important part of our organization. Your presence and help provide comfort and support to the many patients and staff with whom you will come in contact. As a volunteer, you will be certain of a satisfying and rewarding experience learning and working side-by-side with our dedicated staff.

Please find enclosed the **Teenage Volunteer Application** package. Teenage volunteers must be at least sixteen (16) years of age and live in the South Lake County Hospital District. Three recommendations, two from teachers and one from your guidance counselor, are required for each applicant. The student must maintain a "B" average or above (minimum 3.0 GPA required) in school. Teen volunteers will also be required to submit to a tuberculosis screening at our employee health office and attend an orientation session prior to volunteering.

We ask that you volunteer for at least six weeks. You will be scheduled for a certain day and time every week: either 8 a.m. – 12:30 p.m. or 12:30 p.m. – 5 p.m. during weekdays.

Applications must be submitted at least 3-4 weeks prior to the six week period you wish to volunteer. Placement is on a first come, first served basis and is not guaranteed.

**South Lake Hospital does not accept court-ordered community service volunteers nor will Volunteer Services verify volunteer hours for court-ordered community service.**

Again, we appreciate your interest in volunteering at South Lake Hospital. Our volunteers are a vital part of the caring spirit that thrives in our community. If you have any questions, please call me at number below.

Sincerely,

Sheri Olson  
Director, Foundation, Government & Guest  
Relations South Lake Hospital  
Office: 352.536.8771  
[Sheri.Olson@OrlandoHealth.com](mailto:Sheri.Olson@OrlandoHealth.com)

**APPLICATION FOR SOUTH LAKE HOSPITAL TEENAGE VOLUNTEER PROGRAM**

Date: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

**Contact Information**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Any name/s by which you were formerly known? If so, please indicate: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Demographic Information**

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

**Education Background**

School Attending: \_\_\_\_\_

Grade: \_\_\_\_\_

School Guidance Counselor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Have you ever applied to the South Lake Hospital Teenage Volunteer Program? Yes \_\_\_\_\_ No \_\_\_\_\_

List your special skills: \_\_\_\_\_

List your reasons for joining the Teenage Volunteer Program: \_\_\_\_\_

List the areas of the hospital that interest you: \_\_\_\_\_

What days of the week are you available to volunteer? **M**\_\_\_\_**T**\_\_\_\_**W**\_\_\_\_**Th**\_\_\_\_**F**\_\_\_\_

What hours? 8 a.m. – 12:30 p.m. \_\_\_\_\_

12:30 p.m. – 5 p.m. \_\_\_\_\_

Please return application to:

**FOR OFFICE USE ONLY:**

Sheri Olson  
Guest Relations  
1900 Don Wickham Drive  
Clermont, FL 34711

Interview _____	Orientation _____
PPD _____	Uniform _____
Badge _____	Placement _____
	_____

**Recommendations**

Applicant: \_\_\_\_\_ Ask your teachers (two teacher recommendations required) and your guidance counselor for their recommendation and signature.

**TEACHER RECOMMENDATION**

Student's grade average is at least a "B" (minimum GPA 3.0 required). Yes \_\_\_\_\_ No \_\_\_\_\_

Comments, if any: \_\_\_\_\_  
\_\_\_\_\_

Teacher: \_\_\_\_\_ Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

**TEACHER RECOMMENDATION**

Student's grade average is at least a "B" (minimum GPA 3.0 required). Yes \_\_\_\_\_ No \_\_\_\_\_

Comments, if any: \_\_\_\_\_  
\_\_\_\_\_

Teacher: \_\_\_\_\_ Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

**GUIDANCE COUNSELOR RECOMMENDATION**

Student's grade average is at least a "B" (minimum GPA 3.0 required). Yes \_\_\_\_\_ No \_\_\_\_\_

Comments, if any: \_\_\_\_\_  
\_\_\_\_\_

Teacher: \_\_\_\_\_ Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENTAL/GUARDIAN CONSENT FORM

My son/daughter \_\_\_\_\_ has my consent to participate in the Teenage Volunteer Program at South Lake Hospital. I have read and agree to the conditions below:

Volunteer must:

- Be a student between the ages of 16 and 18 and in the 9<sup>th</sup> grade or over.
- Live in south Lake County/the South Lake Hospital Tax District
- Maintain a "B" grade average or better.
- Have the recommendation of two teachers and a high school guidance counselor.
- Work at least one scheduled shift per week. Failure to show up for two consecutive shifts will result in suspension or dismissal from the program unless approval is received in advance.
- Provide their own transportation to and from the hospital.
- Purchase khaki slacks and the TAV polo shirt which must be worn during service.
- Undergo tuberculosis (PPD) test prior to their service in the hospital.
- Adhere to the personal conduct, membership requirement, dress code and appropriate behavior. Failure to comply may result in immediate dismissal from the volunteer program.

Note: South Lake Hospital and the Volunteer Services department are not responsible for the Teenage Volunteer when assigned hours are completed.

Parent/Legal Guardian Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SOUTH LAKE HOSPITAL

### CODE OF ETHICS FOR TEENAGE VOLUNTEERS

I will hold all information regarding patients, guests, staff and all matters pertaining to the hospital **absolutely confidential**.

I interpret the word volunteer to mean that I agree to work without compensation in money or expectation of future employment.

I expect to exemplify the corporate Standards of Behavior at all times by being punctual, conscientious, dignified, courteous and considerate to others.

I expect to wear an approved uniform and maintain a professional appearance during my volunteer service.

I expect to do my work according to the departmental standards.

I recognize that I am part of the South Lake Hospital team and am willing to help develop good teamwork both within the volunteer group and other departments throughout the hospital.

I assume certain responsibilities and expect to be accountable for what I do.

I am willing to attend orientation and to be trained for my particular services.

I am willing to adhere to the Teenage Volunteer's clock-in/clock-out procedure and follow the set procedure when I cannot or I am unable to report for duty.

I am willing to commit to a minimum of one full session of volunteer service.

I pledge to demonstrate tolerance and respect for all persons, and to avoid being judgmental of those different from me.

I will be sensitive to the restrictions of my position as a volunteer and will refer questions beyond my scope of responsibility to the appropriate authority.

I understand that the Volunteer department reserves the right to terminate volunteer status as a result of (a) failure to comply with South Lake Hospital's policies, rule and regulations; (b) unsatisfactory attitude, work or appearance; or (c) any other circumstances which, in the judgment of the department Director, would make my continued service as a volunteer contrary to the best interests of the organization.

I will adhere to South Lake Hospital's PROMISE behaviors, which are:

**Positive Attitude**

**Respect**

**Ownership**

**Mindfulness**

**Inclusiveness**

**Superior Communication**

**Exceed Expectations**

**I accept this code willingly and agree to follow it during my service as a South Lake Hospital Teenage Volunteer.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**How did you hear about volunteering at South Lake Hospital? (check all that apply)**

South Lake Hospital website

A friend or family member volunteers at South Lake Hospital (please include their name):

\_\_\_\_\_

A friend or family member works at South Lake Hospital (please include their name):

\_\_\_\_\_

Newspaper

Previous experience as a patient at South Lake Hospital

Flyer at community health fair

Other: \_\_\_\_\_

**TEENAGE VOLUNTEER PROGRAM  
PARENTAL RELEASE**

My son/daughter has my permission to participate in the Teenage Volunteer Program at South Lake Hospital. I understand that participation in this program will involve a four hour weekly commitment of service for the duration of the session.

I understand that my son/daughter must adhere to the hospital policies and procedures (in this packet). These policies and procedures are made clear to the teen volunteer during orientation.

I understand that my son/daughter can be released from the teen program and forfeit all hours earned for the current session if they are caught demonstrating any of the following:

- Falsifying time records.
- Failure to report to assigned service area or leaving service area without consent.
- Failure to notify the volunteer office and assigned area if absent.
- Failure to report for two consecutive weeks or more.
- Excessive absences (more than 2 during a six week period)
- Leaving hospital property during work shift.
- The use of cell phones, I-Pods, I-Pads, gaming devices or Bluetooth headsets during work shift. Cell phones are not allowed in work areas and must be kept in lockers provided during volunteer shifts.
- Performing personal tasks (such as homework/reading) while on duty and not focusing on your duties as assigned.
- Stealing.
- Sleeping while on duty.
- Smoking on hospital property.
- Not adhering to hospital volunteer dress code.
- Failure to adhere to any policy or procedure as stated during orientation.
- Failure to adhere to the South Lake Hospital PROMISE behaviors.

If my son/daughter is injured in the course of their duties at South Lake Hospital, they are to report the injury to a staff member in their assigned area or the Volunteer Services department.

I understand that my son/daughter is volunteering their time without expectations of employment or monetary compensation.

Name of Teen Volunteer (please print): \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_