



Teenage Volunteer Application

Contact Information

Name	
Street Address	
City/ST/ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	
Birth Date	
Age	
Social Security Number	
Sex	

Availability

During which hours are you available for volunteer assignments?

Weekday mornings
8:00 am – Noon

Weekend mornings
8:00am – Noon

Weekday evenings
4:00 – 8:00 pm

Weekday afternoons
Noon – 4:00 pm

Weekend afternoons
Noon – 4:00 pm

Weekend evenings
4:00 – 8:00 pm

Which day of the week is best for you?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Interests

Tell us in which areas you are interested in volunteering. Please see the “What We Do” list for an explanation of each volunteer opportunity.

Hubbard House Host/Hostess

Culinary Artist

Organizer Coordinator

Staff Encourager

Guest Encourager

Eclectic Volunteer

Creative Volunteer

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, school, previous volunteer work, or through other activities, including hobbies or sports.

--

Previous Volunteer Experience

Summarize your previous volunteer experience.

--

Parental/Legal Guardian Contact Information

Mother's Name	
Street Address	
City/ST ZIP/Code	
Home Phone	
Work Phone	
E-Mail Address	
Occupation	
Father's Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-mail Address	
Occupation	

Person to Notify in Case of Emergency

Name	
Street Address	
City /ST/ ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Family Physician	
Phone	

School Information

Name of school you are currently enrolled in	
Current Grade	
Street Address	
City ST ZIP Code	
Phone Number	
Principal's Name	
Guidance Counselor Name	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Hubbard House Teenage Volunteer Program

Parental Consent Form

My son/daughter _____ has my consent to participate in the Teenage Volunteer Program at the Hubbard House which is affiliated with Orlando Regional Healthcare. I have read and agree to the conditions listed below.

Signature _____ Date _____

- Volunteer must be in grades 9 through 12 and between 14 and 18 years old.
- Maintain a “C” average or better.
- Recommendation of two teachers and a high school guidance counselor.
- Required time to work is a minimum of 4 service hours per week (same day, same time) within a 4-month time frame. Two absences are permitted without needing to make up missed hours. Any additional absences must be made up within the 4-month period.
- Teenage volunteers will receive no community service hours unless they complete the entire session with a minimum of 40 hours.
- Teenage volunteers are required to give the Volunteer Department a two week notice prior to completion of their volunteer commitment.
- The Orlando Regional Healthcare ID Badge must be returned to the Volunteer Department on the last day of service.
- Arrange for his/her transportation to and from the hospital.
- Teenage volunteers are required to be tested for tuberculosis (PPD) and undergo a drug and alcohol screening prior to their service in the hospital. In addition, random drug and alcohol testing may be performed.
- Teenage Volunteers who have been arrested or convicted of a crime are not eligible for enrollment into this program. Orlando Regional Healthcare (Hubbard House) does not offer court ordered community service hours.
- Teenage volunteers are not allowed to leave the campus while on duty. Neither the Volunteer Department nor the hospital is responsible for the teenage volunteer should he/she leave the campus.
- Any violation of conduct, membership requirements, dress code or inappropriate behavior may result in immediate dismissal from the Volunteer Program.

Hubbard House Teenage Volunteer Program Teacher Recommendations

Applicant Name _____

Teacher Recommendation

I, _____, recommend the above named applicant to serve at Hubbard House as a teenage volunteer. His/her grade average is at least a C.

Comments _____

Teacher's Signature _____

Phone Number _____ Date _____

Applicant Name _____

Teacher Recommendation

I, _____, recommend the above named applicant to serve at Hubbard House as a teenage volunteer. His/her grade average is at least a C.

Comments _____

Teacher's Signature _____

Phone Number _____ Date _____

Hubbard House Teenage Volunteer Program Guidance Counselor Recommendation

Teenagers who have been arrested or convicted of a crime are not eligible for enrollment in this program. It is required to have two teachers and your guidance counselor's recommendation. This form must be completed in full and include signatures, phone numbers and dates.

Applicant Name _____

Guidance Counselor Recommendation

I, _____, recommend the above named applicant to serve at Hubbard House as a teenage volunteer. His/her grade average is at least a C.

Comments _____

Guidance Counselor's Signature _____

Phone Number _____ Date _____

Hubbard House Teenage Volunteer Expectations

Eligibility Requirements:

- You must be at least 14 years of age, and will be considered a teenage volunteer until you turn 18 years of age and graduate from high school.
- You must be willing to commit to the same four hour shift on the same day of the week for the entire session.
- You must commit to working at least 40 hours
- You must attend a teen orientation
- You must be willing to complete a screening process that includes parental consent, guidance counselor and two teachers recommendations, a drug and alcohol screening, and a PPD screening
- You must submit an application to Hubbard House
- The following statements must be true...
 - ✓ You have not been required by the court to do any community service.
 - ✓ You have reliable transportation to and from Hubbard House.
 - ✓ You understand that Hubbard House will not report any volunteer service hours unless you have successfully finished your session.
 - ✓ You are currently enrolled in school and have a C average.

Dress Code Requirements:

- Hubbard House will give each teenage volunteer a Hubbard House polo shirt.
- Hubbard House teenage volunteers must wear khaki or stone long pants (No jeans) with the Hubbard House polo shirt.
- Polo shirts must be tucked in at all times.
- If needed, a sweater is permitted, but no jackets while volunteering.
- Appropriate undergarments must be worn.
- No sandals or flip flops. Only closed toe shoes are permitted.
- Socks or knee highs must be worn.
- Jewelry should be kept to a minimum.
- No visible body piercing or tattooing, other than appropriate ear piercing (girls only).
- Hair must be neatly cut and styled.
- The official volunteer name badge must be worn at all times while on duty.

What you can expect from Hubbard House:

- To be treated with respect at all times by the Hubbard House staff and fellow volunteers.
- To be placed in a volunteer area that best suits my interests and talents and is one that I enjoy.
- A quick response if I have any questions about my volunteer job at Hubbard House.
- To be well trained as a volunteer at Hubbard House, which will help me be prepared for anything I will face as a volunteer.
- To have fun and enjoy my time volunteering. If at any time I am not enjoying my volunteer work I can speak with the volunteer managers and they will help me find something more suitable.
- That the volunteer managers will work in my best interest.
- That I can communicate openly with my volunteer managers.

AGREEMENT TO CONDUCT BACKGROUND CHECK

I understand and agree that, as a condition of being selected as a volunteer at Orlando Regional Healthcare, Orlando Regional will conduct a criminal background check. My signature below constitutes my authorization for Orlando Regional Healthcare or its agents to check my background. I waive and release Orlando Regional Healthcare and its agents from any and all claims I may otherwise have with respect to any such criminal background check.

Signature

Date

Witness

Date

Signature of Parent (if applicant under 18 years of age)

PLEASE PRINT THE FOLLOWING INFORMATION:

First Name	MI	Last Name	Date of Birth	Social Security #
------------	----	-----------	---------------	-------------------

Address	Apt#	City	State	Zip Code
---------	------	------	-------	----------

Previous Address (If less than six years at current address.)	Apt#	City	State	Zip Code
--	------	------	-------	----------

- Arnold Palmer Hospital for Children & Women
- Orlando Regional Medical Center
- Orlando Regional Sand Lake Hospital
- Orlando Regional St. Cloud Hospital
- M. D. Anderson Cancer Center Orlando
- Orlando Regional Lucerne Hospital
- Orlando Regional South Seminole Hospital
- South Lake Hospital

**VOLUNTEER APPLICANT CONSENT TO TEST FOR TUBERCULOSIS (PPD)
AND DRUG SCREENING**

The undersigned consents and authorizes Orlando Regional Healthcare, the Medical Review Officer (MRO), his/her assistants and employees to obtain urine samples from me for the determination of screening for drugs. I understand that all volunteers at Orlando Regional are required to satisfactorily complete a urine test prior to volunteering and to complete a test for tuberculosis (PPD). I further understand that the results of these tests may be released to the Volunteer Services Department upon receiving the results from the MRO. Applicants testing positive may be disqualified as a volunteer at Orlando Regional for a period of six months.

I understand that it is the policy of Orlando Regional that volunteers may be asked to submit to a urine drug screening at any time during their service here. I also understand that if I am involved in an accident during working hours, I will submit to an additional urine drug and possible alcohol test. If this test is determined to be positive by the MRO, I understand that I will be immediately discharged as a volunteer. I further understand that if my drug or alcohol screening is positive and I am a minor, my parent(s) will be notified of the results.

In addition, I understand that an initial and annual PPD screening for tuberculosis will be conducted. This test involves an injection of a testing solution just under the skin of the inner forearm. I understand that the results must be read 48-72 hours later by an employee of Orlando Regional Occupational Health. I also agree to further testing if the results are positive.

I understand and acknowledge that the person performing this procedure has fully explained to me the nature and purpose of this procedure, the probable risks involved and the possibilities of complications. I further understand that the alternative to the PPD test is to have a chest X-ray at my own expense. There are no alternatives to the drug urine screen except to not participate in the Volunteer program. I acknowledge that neither the person performing the procedure nor Orlando Regional has made any guarantee or assurance as to the results that may be obtained and I agree to hold Orlando Regional, the MRO, his/her assistants and employees harmless from any and all claims for damages for any injury from this procedure.

I have read and fully understand this consent and the explanations referred to in this consent were made.

Volunteer/Applicant Signature	Date
Parent/Guardian if applicant less than 18 years of age	Date
Witness	Date