



ARNOLD PALMER HOSPITAL
For Children
Supported by Arnold Palmer Medical Center Foundation



WINNIE PALMER HOSPITAL
For Women & Babies
Supported by Arnold Palmer Medical Center Foundation

WELCOME TO THE TEENAGE VOLUNTEER PROGRAM

Dear Teen,

Thank you for your interest in volunteering at Arnold Palmer Medical Center. Arnold Palmer Medical Center is a part of Orlando Health and includes Arnold Palmer Hospital for Children (APH) and Winnie Palmer Hospital for Women and Babies (WPH). Due to the sensitivity and intensity of issues encountered in a hospital, we have an extensive screening process which may take a few weeks to complete. Once we receive your application, we will contact you regarding the next step in the application process.

Incomplete applications will not be accepted. Below is a checklist to make sure your application is complete:

- _____ Information sheet (with complete social security number)
- _____ Background check form (filled out and signed)
- _____ Teen Commitment form (signed)
- _____ Volunteer Contract and Parent Consent (signed)
- _____ Code of Ethics (signed)
- _____ Copy of your most recent report card with un-weighted, cumulative GPA
- _____ Two Teacher References (Two adults not related to you for FALL session only)

Once you have completed the application, you may deliver it in person, fax or mail.

In Person: Our office is on the 1st floor of Arnold Palmer Hospital for Children

By Fax#: 321-841-8090

By Mail: Arnold Palmer Hospital for Children
 Attn: Volunteer Services
 92 West Miller Street, MP 367
 Orlando, Florida 32806

Please be patient, as this process can take up to 4 weeks from the date your application is received.

Feel free to contact me at Stephanie.Casaceli@orlandohealth.com

Sincerely,

Stephanie Casaceli
 Volunteer Coordinator
 Arnold Palmer Medical Center
 321-841-1159



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THE TEEN VOLUNTEER PROGRAM COMMITMENT

DURING SCHOOL YEAR-

- **40 hours (minimum) per school semester**
- 1 shift/week, same day and time each week
- Two excused absences are permitted during four month time frame
- Fall applications due by **July 15th** (*Fall session runs September-December*)
- Spring applications due by **October 15th** (*Spring session runs January-May*)

DURING SUMMER PROGRAM-

- Summer Program: **8 week commitment**
- Teens are allowed to miss the equivalent of 2 weeks
- The summer application deadline is **March 15th** (*Summer session runs June-August*)

*Due to the large quantity of applications we receive, we cannot guarantee placement to all teen applicants. In addition, incomplete applications will not be considered.

TRAINING

- Required 3 hour orientation/training. Teen orientations are held on Saturday mornings or weekday evenings. Dates vary based on space availability in the program.
- Each new volunteer will be provided training in their particular service area by an experienced teen trainer or team member.

SERVICE AREAS

Teen volunteers provide staff support in a variety of areas including Central Supply, Food and Nutrition, Guest Services, Labor and Delivery Triage, Nursing units at WPH and APH, Patient Business, Patient Transport, Radiology Art Cart, Traveling Art Cart and other staff support areas.

***** Please note: Teen volunteers are not allowed to hold the babies at Winnie Palmer Hospital for Women and Babies (WPH). Teen volunteers have limited contact and interaction with patients at Arnold Palmer Hospital for Children (APH). They will not be able to play with, read to or hold the children or babies.**

FREQUENTLY ASKED QUESTIONS

You are eligible to be a teenage volunteer if you meet the following requirements:

- You are between 16 and 18 years of age and currently enrolled in high school
- You maintain a un-weighted cumulative high school GPA of 3.0 or higher
- You complete a QuantiFeron Gold TB test and a drug and alcohol urinalysis
- Provide two teacher recommendations and a copy of your most recent high school report card
- You commit to either 40 hours of service during the school year or to the eight-week program during the summer
- You commit to one shift each week on the same day and time

Can I begin volunteering tomorrow?

No, due to the sensitivity and intensity of issues encountered in a hospital, we have an extensive screening process.

- Fill out and turn in complete application to APMC Volunteer Services
- Interview with Volunteer Coordinator
- Background check, QuantiFeron Gold TB test and drug and alcohol urinalysis
- Attend a teen orientation

Can I come in whenever I have the time to volunteer?

No, due to the scheduling of staff and other volunteers, a regular schedule is required. If teens have extra time off from school, please contact the Volunteer Coordinator for extra hours.

Can I serve court-ordered community service hours at the hospital?

No, Orlando Health does not accept applications from applicants attempting to complete court-ordered community service hours.

GUIDELINES FOR DRESS CODE

- Hospital issued polo shirt – Must be clean and without wrinkles. Girls’ shirts must reach the waistline and may not expose the midsection. They do not need to be tucked in. Boys shirts must be tucked in.
- Long, ankle-length, dress style pants- khaki, black or dark blue are acceptable colors. **Jeans/denim, cargo, capri, yoga or skinny pants are not allowed.**
- Hospital issued ID Badge- Must be worn above waist and visible at all times. Badges must be worn at all times while on property. If a volunteer forgets their badge, they will be sent home.
- Black or brown belt required
- Neutral color tennis shoes – Shoes must be clean and socks must be worn.
- Nail polish must be modest, fresh and not chipped; no artificial nails allowed.
- Please do not wear perfume, cologne or after shave.
- Jewelry – Please keep to a minimum. Watches, small necklaces/ chains, small rings and earrings are permitted. Boys are not permitted to have earrings. Teens will be cleaning and stocking during their shift and jewelry may become damaged. We are not liable for any damages.
- Jackets, sweaters and sweatshirts are not permitted. You may wear a long-sleeve white or black t-shirt under your polo shirt. For security reasons, uniforms are not allowed to be covered while volunteering.

CODE OF CONDUCT

Attitude & Behavior- Always maintain a friendly, cooperative and professional attitude while volunteering. Be willing to help with any job. We consider volunteers team members of our hospital. Please act with professionalism since this is a work environment.

Confidentiality - Matters concerning the hospital, patients or staff are never to be discussed outside of the hospital. Volunteers are ethically and legally bound to maintain confidentiality for any protected health information gained through volunteering.

Smoking- Arnold Palmer Medical Center is a smoke-free environment.

Loitering- There will be no loitering in the hallways or other areas of the hospital, before, during or after volunteer shifts. Visitors and/or friends may not accompany teens while volunteering.

Criminal Background- Teens, who have been arrested and/or convicted of a crime, are not eligible for the Teen Program. Orlando Health does not offer court-appointed community service hours.

Leaving Campus- Teens are not allowed to leave the APH/ WPH campuses while on duty. Teens must receive permission from the Volunteer Coordinator to leave campus.

PROCEDURES

Clocking In/Out- You will clock in and out using our computer tracking system. Two computers are available - one at each hospital.

Absenteeism – If a teen is unable to attend a shift, the teen volunteer must contact the Volunteer Coordinator at 321-841-1159. Excessive absences may result in dismissal from the program.

Transportation- Teens must have reliable transportation.

Ceasing volunteering- Teens must notify the Volunteer Coordinator two weeks before the day they plan to stop volunteering. The volunteer will need to turn in their badge and shirt to receive their hours.

Certificate of service- We can provide teens with a certificate of service verifying total hours served upon completion of volunteering. This certificate will be helpful when applying for scholarships, university/college applications, etc.

ID badges and shirts- Badges and shirts are the property of Orlando Health and must be returned when teen stops volunteering. Hours will not be verified until these items are returned.

Break time- Teens are allowed a 20 minute break per shift. This time is not scheduled, but we ask that volunteers go on break during a slow time on the unit.

Valuables - Neither Orlando Health nor the Volunteer Services Department is responsible for valuables. Lockers are available to our teen volunteers. Cell phones must be left in lockers during shift.

Electronics/Cell Phones- The use of cell phones and other electronic equipment is prohibited while volunteering.

Termination of service- Any violation of Orlando Health policies may result in immediate dismissal from the Teen Program. Dismissal from the program and verification of hours is at the discretion of the Volunteer Coordinator if the volunteer violates any Orlando Health policy.

**ARNOLD PALMER
MEDICAL CENTER**

TEEN VOLUNTEER APPLICATION

VOLUNTEER SERVICES OFFICE
92 West Miller St., MP367 • Orlando, FL 32806



ARNOLD PALMER HOSPITAL
For Children



WINNIE PALMER HOSPITAL
For Women & Babies

Teen Name: _____ Telephone: _____
(Print Last name) (First) (Middle initial) *Best phone number to reach teen

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____ Sex: _____ E-mail _____

*Information about interviews will be sent here. Please check regularly.

Print Parent or Guardian's Information:

Name: _____ Home Phone: _____ Work: _____ Cell: _____

Name: _____ Home Phone: _____ Work: _____ Cell: _____

Best Way to Reach Parent/Guardian: (Circle One) AM -- Home, Work or Cell Number PM – Home, Work or Cell Number

High School: _____ Current Grade: _____ Grad. Year: _____

Employment (if applicable): _____ Hours Scheduled Per Week: _____

Have you ever applied for the Arnold Palmer Hospital Teenage Volunteer Program prior to this application? _____

Shirt Size: XS S M L XL

What days of the week are best for you to volunteer?

S M T W T F S

What hours?

8am-12pm 12pm-4pm 4pm-7pm

Summer Program Only: Please list the (3) three best days for you to volunteer in order of preference.

1) _____ 2) _____ 3) _____

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED – PLEASE ONLY RETURN PAGES 5-9



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Agreement to Conduct Background Check

I understand and agree that, as a condition of being selected as a volunteer at Arnold Palmer Hospital for Children and Winnie Palmer Hospital for Women and Babies, Orlando Health will conduct a background check. My signature below constitutes my authorization for Orlando Health or its agents to check my background. I waive and release Orlando Health and its agents from any and all claims I may have with respect to any such background check.

 Volunteer's Signature

 Date

 Parent's Signature (if under 18 years of age)

 Date

Please complete the following information:

 Name

 Date of Birth

 Address

 Social Security Number

 City, State, Zip

 Previous Address
 (If less than six years at current address)

 City, State, Zip

SCHOOL COMMITMENT: I understand that I am making a commitment to volunteer for a minimum of *40 hours within 4 months*, beginning with my start date. I also understand that I am allowed only 2 absences. I will contact the Volunteer Coordinator if I am unable to work a shift. I also understand that I must complete the minimum 40 hours of service in order for the Teen Coordinator to verify my hours.

Volunteer Signature: _____

SUMMER COMMITMENT: I understand that I am making a commitment to volunteer for a minimum of *8 weeks* during the summer. I also understand that I am allowed to miss the equivalent of 2 weeks maximum. I will contact the Volunteer Coordinator if I am unable to work a shift. I also understand that I must complete the entire 8 week commitment for the volunteer program in order for the Volunteer Coordinator to verify my hours.

Volunteer Signature: _____

VOLUNTEER CONTRACT/AGREEMENT

I have read and understand the guidelines as stated above, including dress code, code of conduct and procedures. I understand that any violation of these guidelines will result in immediate dismissal from Arnold Palmer Medical Center's Teen Volunteer Program. Dismissal from the program is at the discretion of the Manager and Volunteer Coordinator. I understand that dismissal from the program will be subject to parent and/or school notification for any indiscretion.

Volunteer Signature: _____ Date: _____

Parent Signature: _____ Date: _____

*Parent must sign even if the teen applicant is 18. In order to be in our adult program, the volunteer must be 18 and a high school graduate.



Code of Ethics for Hospital Volunteers

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

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 service expectations 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 departmental standards.

I recognize that I am part of the APMC team and am willing to help develop good teamwork both within the volunteer group and other departments throughout the hospitals.

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 service.

I anticipate being assigned to a service which meets my needs, one that I enjoy, and that meets the needs of the hospital.

I am willing to adhere to the Volunteer Service Department's clock in procedure and follow the set procedure when I cannot or am unable to report for duty.

I am willing to honor a minimum 40 hour teen commitment (during school) and/ or 8 week commitment (during summer program) toward volunteer service with the first month being a probationary period.

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 team member.

I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of (a) failure to comply with Orlando Health's policies, rules and regulations; (b) unsatisfactory attitude, work or appearance; or (c) any other circumstances which, in the judgment of the management team, would make my continued service as a volunteer contrary to the best interests of the organization.

I accept this code willingly and agree to follow it during my service as an Arnold Palmer Medical Center Volunteer.

Signature: _____ Date: _____

Report Card and Teacher Recommendations

Applicant: _____ Date: _____

1) REPORT CARD - VERIFICATION OF GRADE POINT AVERAGE

Please attach a copy of your most recent high school report card, not progress report. Your cumulative un-weighted high school GPA must be on the report card and must be a 3.0 or higher. Conduct grade must be a B or higher (or Satisfactory).

2) TEACHER RECOMMENDATION

His/her grade average is at least a "B" (minimum 3.0 GPA required) Yes No

Why would you recommend the above named applicant to serve within a hospital setting as a Teenage Volunteer?

Teacher: _____ Telephone: _____

(Teacher's signature)

School: _____ Date: _____

3) TEACHER RECOMMENDATION

His/her grade average is at least a "B" (minimum 3.0 GPA required) Yes No

Why would you recommend the above named applicant to serve within a hospital setting as a Teenage Volunteer?

Teacher: _____ Telephone: _____

(Teacher's signature)

School: _____ Date: _____