



Dr. P. Phillips  
Hospital

**VOLUNTEER SERVICES**

9400 Turkey Lake Rd., 1st Floor, MP 417 | Orlando, FL 32819  
(321) 842-7312 fax

Dear Prospective Volunteer:

Thank you for your interest in the Teenage Volunteer Program at Dr. P. Phillips 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.

There are three teen volunteer sessions per year. The spring session begins in January and ends the last week of May. The summer session begins in June and ends the weekend before public school starts in August. The fall session starts in September and ends the last week of December.

Please find enclosed the **Teenage Volunteer Application** package which includes a list of volunteer opportunities. Teenage volunteers must be at least sixteen (16) years of age. Three recommendations, two from teachers and one from your guidance counselor, are required for each applicant. The teen must maintain a "B" average or above (minimum 3.0 GPA required) in school. Teen volunteers will also be required to submit to a drug and tuberculosis screening at our occupational health office and attend an orientation prior to volunteering.

You will be required to volunteer for one full session: fall spring or summer, but you may volunteer for as many sessions as you wish. You will be scheduled for a certain time each week. Of course, the amount of time and the day and time that you volunteer will be entirely up to you.

Applications must be submitted at least **8 weeks prior** to the upcoming session. Placement is on a first-come, first served basis and is not guaranteed.

**Unfortunately, Orlando Health 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 Dr. P. Phillips Hospital. Our volunteers are a vital part of the caring spirit that thrives in our community. If you have any questions, please feel free to call me at 321-842-7288.

Sincerely,

*Brittany Lester*

Brittany Lester  
Manager, Volunteer Services

# APPLICATION FOR DR. P. PHILLIPS HOSPITAL TEENAGE VOLUNTEER PROGRAM

Date: _____	Graduation Year: _____
Name: _____ (last) (first) (MI)	Phone Number: _____
Address: _____ (street) (city) (zip code)	
E-Mail Address: _____	
Date of Birth: _____	Age: _____ Social Security Number: _____
Parent's Name: _____ (last) (first)	Phone Number: _____
Address (if different from above): _____	

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

School Guidance Counselor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Have you ever applied before to the Dr. P. Phillips 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?

S	M	T	W	T	F	S
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What hours?

8-12  12-4  4-8  Other

Please return application to:

Volunteer Services  
Dr. P. Phillips Hospital  
9400 Turkey Lake Road  
Orlando, FL 32819-8014

For Office Use Only:

Interview \_\_\_\_\_  
Orientation \_\_\_\_\_  
PPD/Drug Screen \_\_\_\_\_  
Uniform \_\_\_\_\_ Badge \_\_\_\_\_  
Placement \_\_\_\_\_  
\_\_\_\_\_

## RECOMMENDATIONS

Applicant: \_\_\_\_\_

Ask your teachers (two teacher recommendations required) and your counselor for his/her recommendation and signature.

### TEACHER RECOMMENDATION

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

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

Teacher: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Signature) (Printed Name)

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

### TEACHER RECOMMENDATION

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

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

Teacher: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Signature) (Printed Name)

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

### GUIDANCE COUNSELOR RECOMMENDATION

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

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

Teacher: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Signature) (Printed Name)

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

## PARENTAL/GUARDIAN CONSENT FORM

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

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

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

Volunteer must:

- Be a student between the ages of 16 and 18 and in the 9th grade or over.
- Maintain a "B" grade average or better.
- Have the recommendation of two teachers and a high school guidance counselor.
- Work at least one shift per week.
- Provide his/her own transportation to and from the hospital.
- Purchase khaki slacks. One uniform polo shirt will be provided.
- Be required to undergo tuberculosis (PPD) and drug and alcohol testing prior to their service in the hospital.
- Neither the hospital nor Volunteer Services are responsible for the Teenage Volunteer when assigned hours are completed.
- Adhere to the personal conduct, membership requirement, dress code and appropriate behavior. Failure to comply may result in immediate dismissal from the volunteer program.

# DR. P. PHILLIPS HOSPITAL

## CODE OF ETHICS FOR TEENAGE VOLUNTEERS

I will hold all information regarding patients, guest, 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 while on my volunteer service.

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

I recognize that I am part of the Dr. P. Phillips 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 anticipate being assigned to a service that meets my needs, one that I enjoy, and that meets the needs of the hospital.

I am willing to adhere to the Teenage Volunteer's sign-in/out procedure and follow the set procedure when I cannot or 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 Dr. P. Phillips Hospital's policies, rules 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 accept this code willingly and agree to follow it during my service as a Dr. P. Phillips Hospital Teenage Volunteer.**

**Signed:** \_\_\_\_\_

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

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

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



Dr. P. Phillips  
Hospital

## TEENAGE VOLUNTEER PROGRAM PARENTAL RELEASE

My son/daughter has my permission to participate in the Teenage Volunteer Program at Dr. P. Phillips Hospital. I understand that participation in this program will involve a 3-4 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 as stated in the Teenage Volunteer Manual. 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 summer session and more than 4 during fall and spring session).
- 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.

If my son/daughter is injured in the course of their duties at Dr. P. Phillips 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.

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Name of Teen Volunteer (Please Print)

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Signature of Parent/Guardian

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Date

## I. PURPOSE

All volunteers of the Dr. P. Phillips Hospital are expected to portray a professional appearance to patients, visitors and the general public.

## II. POLICY

The success and acceptance of Dr. P. Phillips Hospital depends in large measure upon the image its volunteers present. Therefore, a dress code has been established to present a professional impression to our patients and the general public, as well as to develop pride in Dr. P. Phillips Hospital and its volunteers.

## III. PROCEDURE

### A. Adult Uniform

The Adult uniform will consist of two options:

**Option 1:** A navy blue jacket, provided by Volunteer Services, will be worn with a white shirt or blouse. For the ladies, a white shell is also acceptable. White or khaki slacks or a white skirt (ladies) are to be worn with the jacket. Shoes are to be white sneakers or white rubber sole shoes. See section C for specific information.

**Option 2:** A navy blue camp shirt provided by Volunteer Services will be worn with khaki or natural color slacks (chinos) or skirts (ladies). White or khaki color sneakers or rubber sole shoes are to be worn with this uniform. See section C for specific information on shoes.

### B. Teenage Uniform

The Teenage uniform will consist of a royal blue or red, embroidered, polo shirt furnished by the Volunteer Manager. The shirt will be worn with khaki slacks (chinos) and plain white rubber soled shoes.

### C. General Guidelines

1. Fabrics should be those traditionally acceptable for business wear such as polyesters, tweeds, wool or wool-like fabrics, cotton or cotton blends. Fabrics that are **not** acceptable are sheers, clinging jerseys, open crochets, crepe satins, or elaborate printed or sweatshirt-type fabrics that suggest casual sportswear.
2. Denim of any type or color is **not** acceptable.
3. Jeans or jean-style pants of any type are **not** acceptable.
4. Appropriate undergarments must be worn.
5. Polo shirts may be worn tucked in or outside of slacks. If worn outside, the shirts must be an appropriate length, not above the belt or below the buttocks.
6. Shoes are to be worn at all times. Shoes must be either predominantly white (or beige/tan with khaki slacks) sneakers/athletic shoes or any white rubber soled shoe. Shoes must be in good repair. **No casual boots, flip-flops, slippers, thongs, flat sandals, jellies, beach shoes, deck shoes or clogs are allowed.**
7. The ORHS photo identification badge must be worn at all times. The badge must be worn above the waist with the photo visible and facing out.
  - a. Volunteer service pins may not be worn on the name badge. Pins may be worn on jacket or polo shirt.

- b. Damaged, faded, worn or lost ID badges must be replaced.
- 8. Holiday costumes may not be worn without prior approval of the Volunteer Manager.
- 9. Gum chewing, smoking or tobacco chewing while on duty is strictly prohibited.
- 10. No hats or caps may be worn. Barrettes and pony tail holders are acceptable.
- 11. Clothing and accessories, which could pose a safety hazard, must be avoided.
- 12. Tattoos must be covered.
- 13. Body cleanliness is mandatory.
- 14. Fingernails will be kept short, clean and well groomed.
- 15. Hair must be neatly cut, styled and clean at all times.
- 16. Clothes must be clean and pressed at all times.
- 17. Perfumes and colognes, which could be distracting or offensive to patients and staff, should be avoided.
- 18. Blue tooth devices may not be worn while on duty.

#### **D. Female Dress Code**

- 1. Full-length slacks are permitted. Regular (knee or slightly below) length skirts are appropriate.
- 2. Appropriate hosiery is required. Socks or stockings must be worn.
- 3. Split skirts, culottes, gauchos, knickers, crop-pants, stretch or stirrup pants, harem-pants or "after 5" clothing is not permitted.
- 4. Jewelry and accessories, which could be distracting or offensive, should be avoided. No nose decorations, including rings and studs are allowed with the exception of religious reasons with prior notice to the Volunteer Manager. No more than two earrings per lobe are permitted.
- 5. Make-up that is not distracting or offensive may be worn. Nail polish is permissible if it is a daywear color and fresh and not chipped. Fingernails should be of a length that does not hinder the ability to perform the functions of the job. Nail jewelry and nail decorations are not permitted.

#### **E. Male Dress Code**

- 1. Slacks should be an appropriate length, not too short or too long.
- 2. Large ornamental belt buckles are not appropriate.
- 3. Socks must be worn.
- 4. Men with hair extending beyond collar length must have it neatly secured in a ponytail.
- 5. Jewelry shall be kept to a minimum. No earrings, nose decorations, including rings and studs are allowed with the exception of religious reasons with prior notice to the Volunteer Manager.
- 6. Make-up and nail polish are not permitted.
- 7. Beards, sideburns and mustaches shall be neatly trimmed.

**I have read and received a copy of the Dress Code Policy and Procedure and will abide by the guidelines.**

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Signature

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Date



# **VOLUNTEER OPPORTUNITIES**

## **Dr. P. Phillips Hospital**

### **Admitting Dept.**

Description: Greet patients/guests coming in for diagnostic treatments. Escort patients to their designated treatment areas. Assist staff with clerical duties as requested.

Hours: Monday-Friday 3p-6p, Saturday 9a-1p

### **Art/Activity Cart**

Description: The art/activity cart is designed to provide creative activity for patients and families that provide stress relief, decrease loneliness and anxiety. Volunteers bring art supplies, puzzles, books and magazines to patients and families.

Hours: Volunteer hours are available 10am to 6pm daily.

### **Environmental Services**

Description: Volunteers assist with light cleaning duties throughout the hospital such as dusting, damp wiping, dust mopping, refilling hand sanitizer dispensers and vacuuming.

Hours: Volunteer hours are available 8am-9pm, daily

### **Food and Nutrition**

Description: The Food and Nutrition Department provides all dietary needs for in-patients as well as cafeteria service for staff and guests. Volunteers assist with kitchen/cafeteria duties such as stocking beverage coolers, replenishing salad bar, keeping cafeteria table clean, refilling salt & pepper shakers, making sure there are food trays available. Assist kitchen staff with some prep work.

Hours: Volunteer hours are available 8 am to 9pm, daily

### **Healing Arts**

Description: Musicians, artists, storytellers, clowns, etc. to entertain patients and guests on patient floors and lobby areas. (Baby grand piano provided in lobby).

Hours: Volunteer hours are available 7 days a week from noon to 8 pm.

### **Information Desk**

Description: Greet patients, visitors and guests as they enter the hospital. Answer phone, assist patients/guests with directions, look up room numbers, escort people when necessary. Give out pertinent information as necessary.

Hours: Weeknight and weekend hours available.

### **Main Laboratory**

Description: Retrieve lab specimens from the pneumatic tubes and deliver samples to technical area. Deliver out-patient requisitions to phone center. File in-patient requisitions. Empty and place used biohazard bags in red trash bag and place labels in shred box. Retrieve tubes from centrifuge and spin coagulation tubes in the hematology area.

Hours: Volunteer hours are available 8am- 4pm, Monday through Saturday.

### **Nursing Unit**

Description: Answer telephone at nurse's station. Answer the call lights. Check and fill patient water pitchers. Restock floor inventory. Assist nurses with clerical duties.

Hours: Volunteer hours are available 8a-8p, 7 days a week.

### **Perry Pavilion**

Description: Assist with general housekeeping duties in the Perry Pavilion.

Hours: Volunteer hours are available 11am-4p, Saturday and Sunday

### **Radiology Department**

Description: Greet and assist patients with paperwork. Maintain supply of necessary forms. Monitor the waiting area. Replenish the supply of patient education materials and maintain displays.

Hours: Volunteer hours are available 10am-7pm, 7 days a week.

### **DPH Scripts – Retail Pharmacy**

Description: The retail pharmacy fills prescriptions for patients and team members. Volunteers are needed to assist customers at the drop off and pick up window and assist with the payment transactions.

Hours: Volunteers are available 9am-7pm, 7 days a week.

### **Spiritual Care Department** (Available Summer Session Only)

Description: Assist staff with clerical duties to include filing, copying, computer inputting, special projects, and rounding with the aromatherapy cart in public areas.

Hours: Volunteers are available 8a-4p, Monday thru Friday.

### **Transportation Department**

Description: Transport patients in wheelchairs to and from different locations within the facility. Call transport dispatcher when a patient is not appropriate for their abilities to transport. Sanitize wheelchairs after every use by wiping down with disinfectant wipes.

Hours: Volunteer hours are available 11am-7pm, 7 days a week.

### **Volunteer Office**

Description: Run errands throughout the hospital and make deliveries such as flowers to patients. Assist in patient chart copying by picking up/delivering the chart to medical records and back to the nursing unit. Answer the phone in the volunteer office. Assist with special projects such as stuffing envelopes, using paper cutter, copying etc.

Hours: Volunteers are available 8a-4p, Monday thru Friday.

## **Volunteer Training**

All Teenage Volunteers are required to attend a general hospital orientation at Dr. P. Phillips Hospital prior to beginning volunteer service. Unit specific training is provided by the service area staff to which the volunteer is assigned.



**ORLANDO HEALTH®**

Mailing Address: 1414 Kuhl Ave. • Orlando, FL 32806

LINE UP PATIENT I.D. LABEL HERE

**Authorization for the Use and Disclosure of Protected Health Information (PHI) for the NEWS MEDIA, MARKETING AND ADVERTISING**

Orlando Health and affiliates (referred to collectively herein as “Orlando Health”) would like your permission to use your story and likeness (including your picture, your words, and any background information that you provide) as a current or former patient or as a member of the community for purposes of marketing and advertising, news media relations, and philanthropic initiatives to promote our services to the public and our employees. If you agree to the terms listed below, please complete this form.

1. I, \_\_\_\_\_ (Print Name), hereby authorize members of Orlando Health’s workforce to use and disclose protected health information to the media and other individuals and entities that may be involved in the marketing and public relations efforts of Orlando Health, as well as to members of the public at large who see or hear the materials we may produce, as described below.
2. I understand that by signing this document, I am authorizing Orlando Health and its employees and agents to use my name, my likeness, and the story of my experience, and that this may involve interviewing and audio/visual recording, reproduction, and/or other use of such materials and interviews. I understand that the following PHI may be used/disclosed:
  - My name                      • My hometown                      • My diagnosis or treatment history
  - My likeness (photo/video)                      • My testimonial/story (print/audio/video)
  - My participation in and attendance at the Seacrest Studios at Orlando Health Arnold Palmer Hospital for Children including any and all footage obtained
  - Other: \_\_\_\_\_
3. I understand that all information developed with this authorization, including interviews, photographs, videos, audio recordings, and information I provide from speaking engagements, may be placed in internal or external publications and marketing materials produced by or contracted by Orlando Health. These may include, but are not limited to, print publications (such as newsletters, direct mail, brochures, and flyers), television and radio transmissions, electronic transmissions (such as Internet, Intranet, websites, blogs, social media pages), news/media releases, advertisements, and any other distribution media. I waive any right to inspect or approve the finished product(s), including any written copy.
4. I am agreeing to use and/or disclosure of my PHI being used in the following manner:
  - To participate on the Orlando Health website
  - To participate on the Orlando Health social media platforms (Facebook, Instagram, Twitter, Pinterest, etc.)
  - To participate in a multimedia campaign (which may include but is not limited to radio and television broadcast, print, digital/electronic, outdoor advertising, and other distribution media)
  - To specifically use any of my clinical photographs for physician/resident medical education and in office patient consultations/discussions
  - By Orlando Health, Seacrest Studios and/or any participating celebrity in the promotion of the Studios on websites, print and social media
  - Other: \_\_\_\_\_
5. I understand that any disclosure of my protected health information has the potential for an unauthorized re-disclosure and that the privacy of such information may no longer be protected by law.
6. I understand that my information may be accessible from and searchable on the Internet, even after expiration or revocation of this authorization.
7. This authorization will expire on the following date, event or condition: \_\_\_\_\_  
If I fail to specify an expiration date, event or condition, the authorization will expire in 5 years from the date of the signed authorization. I understand that after the expiration, Orlando Health will not use