

Lawnwood Regional Medical Center & Heart Institute

Teen Volunteer Program Checklist

- Completed Application
- Copy of Birth Certificate
- Copy of Social Security Card
- Signed Parental Consent Form
- Signed Parental Approval Form
- Signed Background Check Form
- Signed PPD Form

**APPLICATIONS FOR THE 2018 SUMMER PROGRAM WILL BE ACCEPTED
IN THE GIFT SHOP MONDAY – FRIDAY, 8 A.M. – 4 P.M.**

APRIL 1 – APRIL 30, 2018 ONLY

ONCE APPLICATION IS COMPLETED AND APPROVED, YOU WILL BE NOTIFIED

**REQUIRED ORIENTATION WILL BE HELD ON MONDAY, JUNE 11, 2018 FROM
9 A.M. – 3 P.M. IN THE PRIVATE DINING ROOM,
LAWNWOOD REGIONAL MEDICAL CENTER
BREAKFAST & LUNCH WILL BE SERVED**

FOR QUESTIONS, PLEASE CALL LANDY TIFFANY, 772.468.4443

For Office Use Only

- Background Check Submitted
- Background Check Approved
- PPD Form Approved



14. Rooms or Areas marked "ISOLATION", "NO VISITORS", "NO ADMISSION", and "DO NOT ENTER" are not be entered.
15. Food should be eaten in the cafeteria or outside picnic areas ONLY.
16. Gum is not chewed while you are on duty.
17. Unauthorized articles, such as food, drugs, religious and political literature are not brought to patients.
18. Controversial subjects are not discussed with patients and we never argue with a patient.
19. The volunteer and his/her parents are responsible for method of and time spent in transportation. The hospital is in no way responsible for the time in transit.
20. Visiting patients while you are on duty and/or in uniform is not permitted without permission from the DVS and then only after checking at the nurses' station on the floor where the patient is hospitalized.
21. Make telephone calls from the DVS' office only; with consent of the DVS or designate. Phones are also located in the lobby near the Switchboard.
22. Never bring a friend or relative with you to work.
23. Your time on assignment is not for socializing. Greet friends cheerfully, but do not remain in long conversations. Your hospital duties are important. Treat them so.
24. Assignments are never changed without permission from the DVS or designate.
25. Keep to the right of the hallways.
26. BE COURTEOUS. PLEASANT AND COOPERATIVE. A SMILE IS ALWAYS CONTAGIOUS!
27. Act with dignity and poise. Talk quietly, walk watching where you are going. Take care going around corners.
28. Your identification badge should be worn at all times while on duty.
29. Members who are unable to follow the guidelines of our program will be terminated.
30. REMEMBER! YOUR ACTIONS CAN REFLECT FAVORABLY OR UNFAVORABLY ON YOU, THE TEEN ORGANIZATION YOU REPRESENT, AND OUR HOSPITAL!

PERSONAL APPEARANCE

1. The uniform for the female teen is a salmon apron, worn with white sleeved and collared blouse and white long pants. The male teen wears white long pants and white sleeved and collared shirt with blue apron. White socks only. Please no white jeans or leggings.
2. Wear the uniform with pride. Remember, your appearance and actions should always lend respect to the hospital and the teen organization you represent.
3. The uniform is always to be worn while you are on assignment in the hospital. This is your special identification as a volunteer.
4. Be neat in appearance. The uniform should always be freshly laundered.
5. Hair should be clean and well-groomed. If long, keep it neatly tied or pinned back or up.
6. Nails should be clean and well-manicured. Those preferring to wear nail polish are to use a clear natural shade.
7. Make-up should be worn in good taste. Modesty and inconspicuousness are the keys of measurement.
8. Female volunteers may wear a neutral shade of hose or both male and female volunteers may wear white socks.
9. Low-heeled, closed-in white shoes with rubber soles are worn. Shoes are to be clean and in good repair.

PATIENT CARE AND RIGHTS

1. The patient is the most important person in the hospital.
2. Always knock gently before entering a patient's room.
3. Excuse yourself immediately if a doctor enters the patient's room while you are present. Do not enter the room when the doctor is in attendance.
4. When a promise is made to a patient, fulfill it. If delayed, explain why.
5. NO FOOD OR DRINK, including water, can be given to a patient without permission of the nurse in charge of the patient.
6. Suggestions about treatments or remedies are never made.
7. Be supportive to the medical staff. If a person complains, listen without becoming involved. Report complaints to your supervisor if you think it might be helpful. When in doubt, talk with the DVS.
8. Never sit or lean on a patient's bed.
9. Controversial subjects are avoided and we never argue with a patient.
10. REGARD AS CONFIDENTIAL ANY INFORMATION CONCERNING PATIENTS.
What you hear and see at the hospital, must remain at the hospital. NO GOSSIPING!

RETURN COMPLETED APPLICATION WITH A COPY OF YOUR BIRTH CERTIFICATE - AGES 14 TO 18

LAWNWOOD REGIONAL MEDICAL CENTER & HEART INSTITUTE
VOLUNTEEN APPLICATION

Telephone: _____

Name: _____
Last First M.I.

Social Security Number: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

To Be Contacted In Case Of an Emergency: _____

Relationship to You: _____ Telephone: _____

Date of Birth: _____ Age: _____ Grade: _____

School: _____ Height: _____ Weight: _____

Hobbies: _____

EXPERIENCE:

Have You Held A Volunteer Position Previously? _____ If so, where and what were your duties:

Have You Held A Paid Position Previously? _____ If so, where and what were your duties:

How did you hear of our program? _____

Why do you want to be a volunteer? (Please answer in more than one sentence). _____

I verify that all the information as stated on this application is correct.

Signature

Date

LAWNWOOD REGIONAL MEDICAL CENTER & HEART INSTITUTE

VOLUNTEEN ACKNOWLEDGEMENT

I have read and understand the rules and regulations regarding the Lawnwood Volunteer Program and agree to abide by them. All the information as stated on the application is correct.

Applicant's Signature: _____

Date: _____

LAWNWOOD VOLUNTEER PROGRAM

PARENTAL APPROVAL FORM

I hereby give my permission for my son/daughter, _____,
to become a member of the Lawnwood Regional Medical Center & Heart Institute Volunteer Organization. I understand that my child is required to attend an orientation, have a PPD Tuberculin Skin Test administered by the Lawnwood Outpatient Department, have a Background Check provided by Lawnwood, complete a work schedule and have the proper uniform before working as a Volunteer. In addition, I realize that the Volunteers may work NO MORE than three days per week/four hours per day during the hours of 8 a.m. to 6 p.m. Teen Volunteers ARE NOT permitted to work neither before 8 a.m. nor after 6 p.m. I also understand that Lawnwood Regional Medical Center & Heart Institute is not responsible for teens leaving the hospital property without authorization.

I also agree that Lawnwood Regional Medical Center & Heart Institute will not be responsible for my child's belongings and that in the event of an emergency, the hospital will contact me, and I will assume responsibility for him/her.

Signature _____

Relationship _____

Home Telephone: _____

Work Telephone: _____

IN AN EMERGENCY, PLEASE CONTACT: _____

Telephone: _____

PARENTAL CONSENT FORM

I understand that it is required that my son/daughter, _____, have a PPD Tuberculin Skin Test in order to participate in the Volunteen Program at Lawnwood Regional Medical Center & Heart Institute. I further understand that if the test is positive, a chest x-ray will be required to rule out the possibility of Tuberculosis. If Tuberculosis is diagnosed, I understand that it is my responsibility to seek further treatment for this disease and that my child will not be able to participate in the Lawnwood Teen Program. I hereby give my consent for the PPD Skin Test.

Parent's Name (printed) _____

Parent's Signature: _____

Date: _____



LAWNWOOD REGIONAL MEDICAL CENTER & HEART INSTITUTE

VOLUNTEER PPD TUBERCULIN SKIN TEST REQUISITION

Volunteer Name: _____

Department: _____

Date of next PPD: _____

Please take this form to:

Lawnwood Regional Medical Center
Employee Health Department
(enter through Outpatient)
1700 S. 23rd Street
Fort Pierce, FL 34950
Phone: (772) 468-4502

Mon, Tues, Wed & Fri 7:00 a.m. to 3:30 p.m.

PPDs can be read on Thursdays, but cannot be administered on Thursdays

You must return 48 to 72 hours after PPD is administered to have test read. Failure to do so will require test to be administered a second time.

Lawnwood Regional Medical - Volunteer # 11071
VOLUNTEER INFORMATION

APPLICANT'S FULL NAME _____

Any Other Names Used _____

Social Security No. _____ / _____ / _____ Date of Birth¹ _____

Email address: _____ (Provide if you prefer to receive information via email)

Current Address _____

City _____ State _____ Zip _____

Driver's License State _____ D.L. Number _____

Address on D.L.: _____

Name of High School, College, University or Institution of Professional Training where you completed the highest level

(GED – provide state) _____

Campus Name _____ Campus City _____ Campus State _____

Name on GED or under which you graduated _____

Year(s) Attended _____ Year Graduated/GED Completed _____

Please provide any current professional licenses, certifications, or registries you may hold:

Name as it appears on license/Certification/Registry _____

Type _____ State/Region or Issuing Organization _____ Country _____ Number _____

Type _____ State/Region or Issuing Organization _____ Country _____ Number _____

*Before answering the question below, you **MUST** carefully read the following information:

Do not report any conviction which state law allows you to lawfully deny, as set forth in the [state notices](#) that you must review before answering. You are not required to disclose minor violations or infractions. A conviction will not necessarily be a bar to employment. This information will be used to determine if the conviction is related to the job sought. Factors such as age, severity, and nature of the offense(s), etc. will be considered. Failure to honestly respond may result in discontinued consideration or termination of employment. You confirm that you have read the state notices above and confirm that the information you provide is true and accurate.

Have you ever been convicted of, plead guilty, no contest or nolo contendere, to a misdemeanor or felony? If you answer Yes, you must provide details. Yes No (Please attach a separate sheet of paper to provide additional entries)

Offense _____ County _____ State _____ When _____

Offense _____ County _____ State _____ When _____

Please provide all locations where you have resided for the past seven (7) years, starting with your current residency.

(Please attach a separate sheet of paper to provide additional entries)

1. **City:** _____ **State:** _____ **Date From:** _____ **Date To:** _____

2. **City:** _____ **State:** _____ **Date From:** _____ **Date To:** _____

3. **City:** _____ **State:** _____ **Date From:** _____ **Date To:** _____

4. **City:** _____ **State:** _____ **Date From:** _____ **Date To:** _____

STATE LAW NOTICES

California applicants or employees only: Please mark this field _____ to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

California applicants or employees only: A copy of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW is also being provided to you.

Colorado applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Connecticut applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Maryland applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Massachusetts applicants or employees only: The precise nature and scope of any investigative consumer report (which commonly includes information regarding your character, general reputation, personal characteristics, and mode of living) will be the same types of information described above. You have a right to have a copy of any investigative consumer report upon request from PreCheck, Inc, 3453 Las Palomas, Alamogordo, NM 88310; 1-888-773-2432.

Minnesota applicants or employees only: You have the right to request a complete and accurate disclosure of the nature and scope of any consumer report from PreCheck, Inc, 3453 Las Palomas, Alamogordo, NM 88310; [1-888-773-2432. Place an X here _____ for a disclosure to be sent to you. Place an X here _____ for a free copy of your consumer report to be sent to you.

Montana applicants or employees only: You have a right to request from Company disclosures of the nature, scope, and substance of any investigative consumer report.

New Jersey applicants or employees only: The precise nature and scope of any investigative consumer report (which commonly includes information regarding your character, general reputation, personal characteristics, and mode of living) will be the same types of information described above. You have a right to have a copy of any investigative consumer report upon request from PreCheck, Inc, 3453 Las Palomas; Alamogordo, NM 88310; 1-888-773-2432, www.precheck.com.

New York applicants or employees only: Company may request or utilize subsequent consumer reports (other than investigative consumer reports) on you throughout your employment. Upon request, you will be informed whether or not a consumer report was requested, and if such report was requested, informed of the name and address of the CRA that furnished the report. Upon written request, you will be informed whether or not an investigative consumer report was requested, and if such report was requested, the name and address of the CRA to whom the request was made. Your written request should be made to Company. Upon furnishing you with the name and address of the CRA, you will also be informed that you may inspect and receive a copy of such report by contacting that agency. Please mark this field to receive a copy of Article 23-A that will be presented once you complete this process: ____.

Oklahoma applicants or employees only: Mark an X here ____ you would like to receive a free copy of your report.

Oregon applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Washington State applicants or employees only: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of any "investigative" consumer report we may have requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act. Any requests under this paragraph to the CRA should be made to PreCheck, Inc, 3453 Las Palomas; Alamogordo, NM 88310; 1-888-773-2432, www.precheck.com. If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Vermont applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

I have read and understand the above information and assert that all information provided by me is true and accurate.

By signing below, I agree that my present employer may be contacted for verification of employment.

Signature: _____ **Date** _____

¹ The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is necessary for the proper processing of a consumer report.

Lawnwood Regional Medical - Volunteer # 11071
VOLUNTEER DISCLOSURE

APPLICANT'S FULL NAME _____

Any Other Names Used _____

Social Security No. _____ / _____ / _____ Date of Birth¹ _____

Current Address _____

City _____ State _____ Zip _____

Driver's License State _____ D.L. Number _____

Address on D.L.: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The prospective organization ("the Company") may obtain information about you from a consumer reporting agency made in connection with your application to volunteer with the Company. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888)PreCheck [1-888-773-2432] or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your volunteering with the Company to the extent permitted by law.

www.PreCheck.com info@precheck.com

ph: 800-999-9861 fax: (800) 207-2778

Lawnwood Regional Medical - Volunteer # 11071
VOLUNTEER AUTHORIZATION

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout the term of my volunteering, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

By signing below, I confirm that I have read and understand the above information and that I provide my consent.

Signature: _____ Date _____

State Specific Notices

* **California employees/residents:** You need not disclose any referral to, and participation in, any pre-trial or post trial diversion program, or any misdemeanor convictions for which probation has been successfully completed and discharged. Do not list any marijuana-related misdemeanor convictions over two years old, or felony marijuana convictions under California Health and Safety Code Section 11360 (c) which occurred prior to 1976.

* **Connecticut employees/residents:** You need not disclose any conviction record that has been erased pursuant to sections 46b-146, 54-76o or 54-142a of the Connecticut General Statutes. Records subject to erasure under these sections are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that was dismissed or nolle, or a criminal charge for which the person was found not guilty or received an absolute pardoned conviction. Any person whose records were erased within the meaning of these three sections may consider such events to have never occurred and may so swear under oath.

* **Massachusetts employees/residents:** An applicant for employment with a sealed record on file with the commissioner of probation may answer "no" to the above with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer "no" to the above with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

You may exclude information regarding first convictions for the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace, or a conviction for any misdemeanor where the conviction occurred or any prison sentence ended five or more years ago whichever date is later, unless you have been convicted of another offense within the last 5 years.

* **Philadelphia, PA employees/residents:** You may exclude convictions that occurred more than 7 years from the date of the inquiry. Any period of incarceration should not be included in the calculation of the 7 year period.

* **San Francisco, CA employees/residents:** You may exclude convictions that occurred over seven years ago and a conviction or any other determination or adjudication in the juvenile justice system, or information regarding a matter considered in or processed through the juvenile justice system.

* **Washington State employees/residents:** You may exclude convictions that occurred over ten years ago.

* **Seattle, WA employees/residents:** In addition to the above, you may exclude a criminal conviction that has been the subject of a certificate of rehabilitation or other equivalent procedure based on a finding of the rehabilitation.

* **Georgia:** Applicants may exclude convictions discharged under Georgia's First Offender Programs.

* **Nevada:** Applicants are not required to disclose misdemeanor convictions which resulted in imprisonment older than 10 years.

* **New York:** Applicants for job positions may exclude an adjudication as a youthful offender.

* **Ohio:** Applicants with a conviction for a minor misdemeanor violation involving marijuana does not constitute a criminal record and does not need to be reported by the person so convicted in responding to the questions on this application.