



A Teaching Affiliate of the University of Miami Miller School of Medicine

Teen Volunteer Application – Summer 2018 (ages 16 through 17)

Teens ages 18 and above please use adult application

The Teen Volunteer Program at JFK Medical Center does not discriminate on the basis of race, color, sex, national origin, religion, or disability in the selection and placement.

Teen volunteer criteria and documents to attach:

- Students must be 16-17 years of age and maintain a minimum **2.5 Grade Point Average**. (Please attach a most current copy of your report card)
- Must be in a medical magnet program or have career plans in healthcare
- Background check required
- Student must provide a letter of recommendation from their high school guidance counselor

Date: _____

Name: _____

Address: _____ City/Zip: _____

Phone: _____ Email: _____

Date of Birth: _____ School: _____ Grade: _____

School Guidance Counselor: _____

Do you have a relative associated with JFK Medical Center? _____

If yes, what relationship? _____ What department? _____

Have you previously volunteered at JFK Medical Center? _____ Yes _____ No

If yes, dates of previous service _____

Do you have other prior volunteer experience outside of JFK Medical Center? _____ Yes _____ No

If so where? _____

Prior Volunteer Dates _____

Parent(s)/Guardian(s):

Names: _____ Cell/ Work Phone: _____

_____ Cell/ Work Phone: _____

Emergency Contact: _____ Phone: _____

(must be an adult)



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Skills/Hobbies/Interests:

Athletics: _____ Computer: _____ Photography: _____
Other _____

School and/ or Community Activities: _____

Please describe career plans: _____

Are you a member of any high school magnet program? _____ Yes _____ No

If so, which program? _____

Are you a member of other organizations that require community service hours? _____ Yes _____ No

Name of Organization? _____

All information I have given is true. I authorize the JFK Medical Center's volunteer department verification and investigation of all statements herein and release JFK Medical Center and all others from liability in connection with the same. I understand that untrue, misleading, or omitted information herein may result in dismissal regardless of the time of discovery by JFK Medical Center. I also understand that this is a volunteer position and I will **NOT** be shadowing or performing clinical hands-on care.

I understand that my volunteer placement is contingent upon satisfactory results of tuberculosis skin test and reference verification.

TEEN Signature _____

TEEN Please print name: _____

Date of application _____

Please mail, email or fax your application to:

Michelle Morejon, Volunteer Coordinator
JFK Medical Center
5301 S. Congress Avenue
Atlantis, FL 33462
Phone: 561-548-3410
Fax: 561-548-9217
michelle.morejon@hcahealthcare.com



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TB TESTING (PPD)

TO: VOLUNTEER- TEEN PROGRAM
Parents/Guardians
FROM: Michelle Morejon, Volunteer Coordinator
RE: **MANDATORY** PPD for Teen Volunteers
DATE: 2018

Dear Parents,

OSHA (Occupational Safety and Health Administration) requires that all persons working in a hospital have Tuberculosis testing upon initial orientation and annually.

The testing will be done by a PPD skin test. The test results must be reviewed within 48-72 hours by designated JFK Medical Center personnel.

A designated return test reading appointment will be given at the time the test is administered.



PARENT/GUARDIAN CONSENT

I hereby give permission for my child _____
to receive a PPD skin test.

Parent/Guardian signature: _____

Date of signature: _____



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JFK Medical Center Teen Volunteer Parent/Guardian Consent

I _____, parent/guardian of _____ understand and confirm that my son or daughter meets the following criteria for volunteering at JFK Medical Center:

- Son/daughter is at least a high school student age 16 or older
- She/he volunteers with your approval
- She/he understands that volunteering is her/his responsibility and should be taken very seriously. She/he must follow all guidelines established and be regular in attendance if she/he would be accepted into the volunteer teen Program. Failure to follow guidelines results in termination from the program.
- Understands that he/she cannot leave his/her agreed volunteer hours without written parental consent
- Must be in a medical magnet program or have career plans in healthcare
- Must have provided proof of a grade point average of 2.5 or higher
- Must have provided a letter of recommendation from the high school guidance counselor

Signature of Parent/Guardian

Date

STATE OF FLORIDA
COUNTY OF PALM BEACH

I HEREBY CERTIFY that all of the statements made on all pages of this application, including attachments, are true, correct, and complete to the best of my knowledge and are made in good faith. I understand that any misleading, inaccurate, or incomplete information may be cause for disqualification or termination from volunteer program at JFK Medical Center.

WITNESS my hand and official seal in the State and County last aforesaid, this _____ day of _____, _____

Signature of Notary Public

Name of Notary Public (print your name) _____
Notary Public, State of Florida _____
My commission expires: _____