Jackson HEALTH SYSTEM

Volunteer Resources
Adopt-A-Floor Program
1611 NW 12 Avenue
Phone: (305) 585-6541/Fax: (305) 585-2658
Email: volunteer.resources@jhsmiami.org

MEMBERSHIP APPLICATION

Please print clearly

______________________________ ______________________________ ______________________
Name of Group Event Coordinator Phone Number

______________________________ ______________________________ ______________________
Address Group Director No. of Volunteers

______________________________ ______________________________
City, State Zip Code Email Address

Is your agency affiliated with any other volunteer organization? Yes __ No__
If so, please give name(s): ____

Name of other agency director(s): ______________________________ length of affiliation(s): ____________

Why do you choose to join the Adopt A Floor Volunteer Program? Specify group activity and preferred age group.

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Are you or have you ever been an employee at JHS/JMH? ____ Yes ____ No

Do you have any relatives employed by JHS/JMH? ____ Yes ____ No

If yes, please list name(s) and department(s) ____

We thank you for keeping our patients' needs in mind; please note the regulations below:

1. Membership application/guidelines document must be completed and forwarded to VRD for approval.
2. Events must be planned and approved for appropriateness one month prior to desired date of visit.
3. Groups may schedule up to one (1) visit per week. Parking validations are limited to three (3) vehicles.
4. We will accommodate events on a "first come first serve basis" according to appropriateness.
5. Scheduled events must arrive on time or the event may have to be rescheduled.
6. Event coordinator is responsible for relaying JHS guidelines to all other visiting members.
7. Participants must be in good health, free of (i.e., flu/cold symptoms) on the day of their assigned visit.
8. Due to HIPPA regulations, photographs are not permitted unless prearranged and approved by VRD in writing.
9. Religious or politically focused gifts/activities or interactions with patients and their families are not permitted.
10. We discourage food and drinks due to patients' dietetic regimens.
11. Each group will be limited to six (6) participants per event. No one under the age of 15 permitted to participate.
12. We reserve the right to decline events not deemed appropriate.

I agree to abide by the policy/procedure set forth by Jackson Health System and the Volunteer Resources Department. I/we will agree to keep all patient information confidential. I/we understand that volunteers are not paid for volunteer services rendered. I understand that failure to abide by the above mentioned guidelines are grounds for immediate dismissal.

Print name: ___________________________ Signature: ____________________________ Date:_________

02/2012