



UF Health Leesburg Hospital, 600 East Dixie Avenue, Leesburg, FL 34748

Please return completed application to the hospital or email to: [jwoods@shands.ufl.edu](mailto:jwoods@shands.ufl.edu)

Questions? Please call Jennie Woods at (352) 323-5062

**TEENAGE VOLUNTEER (TAV) APPLICATION FORM**

This application is for volunteer service purposes and is not valid until received and reviewed by the Supervisor of Volunteer Services. UF Health Central Florida is committed to providing a safe and healthy environment for everyone on campus. Prior to new volunteer orientation and assignment, applicants must pass all applicable health and background screenings.

**Applicant Information**

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Can the people listed above be contacted in case of emergency? YES NO

Do you have any family members working at UF Health Central Florida? YES NO

Name of High School \_\_\_\_\_ Graduation Year \_\_\_\_\_

Tell us about yourself. Do you have any hobbies or special interests? Why do you want to volunteer at the hospital? Are you considering a career in healthcare?

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**Volunteer Experience/Community Affiliations**

How did you hear about the Volunteer Services Program with UF Health Leesburg Hospital?

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Do you have previous volunteer experience? YES NO If so, where and what did you do?

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**Availability**

Teen volunteers make a minimum commitment to volunteer four (4) hours a week. Please indicate the days and times you are available to volunteer.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
8AM-12PM	8AM-12PM	8AM-12PM	8AM-12PM	8AM-12PM	8AM-12PM	8AM-12PM
12PM-4PM	12PM-4PM	12PM-4PM	12PM-4PM	12PM-4PM	12PM-4PM	12PM-4PM
4PM-8PM	4PM-8PM	4PM-8PM	4PM-8PM	4PM-8PM	4PM-8PM	4PM-8PM

**Documentation Required**

Please submit the following documents with your completed application:

- 1) Completed and signed Parental Permission Form
- 2) Volunteer Release and Waiver of Liability Form
- 3) Copy of COVID-19 Vaccination Card

**Please Sign and Date**

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

**PARENTAL PERMISSION TO VOLUNTEER**

I hereby agree to allow my son/daughter \_\_\_\_\_ to serve as a Teen Volunteer with UF Health Leesburg Hospital.

- 1) It is mutually understood and agreed that your son/daughter is not an employee of UF Health Leesburg Hospital. The sole interest and responsibility of UF Health Leesburg Hospital is to ensure that the services provided by your son/daughter shall be consistent with the standards of care provided by UF Health Leesburg Hospital and are consistent with our policies and procedures and that your son/daughter performs and renders service in a competent, efficient and satisfactory provision of medical care. \_\_\_\_\_ **Parent's Initials**
  
- 2) At UF Health Leesburg Hospital's sole discretion, UF Health Leesburg Hospital may provide written notice to you that your son's/daughter's work with patients or personnel is not in accordance with acceptable procedures or standards of performance or otherwise could disrupt patient services of UF Health Leesburg Hospital and remove your son/daughter from UF Health Leesburg Hospital. \_\_\_\_\_ **Parent's Initials**
  
- 3) Your son/daughter shall provide the following required documents to UF Health Leesburg Hospital or cooperate with UF Health Leesburg Hospital to obtain these documents prior to start of volunteering:
  - a. Application to volunteer
  - b. Annual TB/Latex Surveillance Form
  - c. Copy of COVID Vaccination Card
  - d. Completed and signed Parental Permission Form\_\_\_\_\_ **Parent's Initials**
  
- 4) I understand that I am responsible for the transportation of my teen to and from the hospital unless they are of age to drive themselves. \_\_\_\_\_ **Parent's Initials**
  
- 5) I understand that my teen must commit to a minimum of 4 hours per week and must attend Teenage Volunteer Orientation before beginning volunteer service. I also understand that volunteer services assignments are done by the Teen Volunteer Coordinator. My teen may only report for volunteer service as assigned. If your teen wishes to service additional hours, please have them consult with the Teenage Volunteer Coordinator. \_\_\_\_\_ **Parent's Initials**
  
- 6) In general, the Teenage Volunteer Program is only available during the summer months but there are also opportunities throughout the school year. If your teen is interested in volunteering during the school year, please have them consult with the Teenage Volunteer Coordinator. \_\_\_\_\_ **Parent's Initials**

\_\_\_\_\_  
Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian    Date

## Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability (the "release") executed on \_\_\_\_\_ (date) by \_\_\_\_\_ ("Volunteer") releases Leesburg Regional Medical Center Foundation d/b/a UF Health Leesburg Hospital Foundation, which includes both Leesburg Regional Medical Center, Inc. d/b/a UF Health Leesburg Hospital and The Villages® Regional Hospital d/b/a UF Health The Villages® Hospital, ("Nonprofit"), a nonprofit corporation organized and existing under the laws of the State of Florida and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for Nonprofit and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer's relationship with Nonprofit is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that Nonprofit will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to Nonprofit.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless Nonprofit and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Nonprofit. I understand and acknowledge that this Release discharges Nonprofit from any liability or claim that I may have against Nonprofit with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Nonprofit or occurring while I am providing volunteer services.

2. Insurance: Further I understand that Nonprofit does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Nonprofit beyond what may be offered freely by Nonprofit in the event of injury or medical expenses incurred by me.

3. Medical Treatment: I hereby Release and forever discharge Nonprofit from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Nonprofit.

4. Assumption of Risk: I understand that the services I provide to Nonprofit may include activities that may be hazardous to me including, but not limited to exposures to infectious diseases, toxic substances, back injuries, and potentially other chemical, biological, physical, and psychosocial hazards. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and Release Nonprofit from all liability.

5. Photographic Release: I grant and convey to Nonprofit all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Nonprofit in connection with my providing volunteer services to Nonprofit.

6. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that this Release shall be governed by and interpreted in accordance with the laws of the State of Florida. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected. By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent/Guardian Signature if Under 18)