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I. Policy

- A. The Department of Health (DOH or Department) encourages maximum volunteer participation to increase access to quality health care for the medically underserved and uninsured residents of Florida.
- B. This document describes the standards required to effectively and efficiently employ the services of volunteers. It also provides policies and general guidance related to recruitment, eligibility determination, orientation, training, supervision, recognition, and the overall management of volunteers per Chapter 110, *Florida Statutes*. The policies and procedures included in this document apply to all Department of Health entities.

II. Authority

- A. Section 110.501, *Florida Statutes* "Definition"
- B. Section 110.502, *Florida Statutes* "Scope of act; status of volunteers"
- C. Section 110.503, *Florida Statutes* "Responsibilities of the departments and agencies"
- D. Section 110.504, *Florida Statutes* "Volunteer Benefits"
- E. Section 766.1115, *Florida Statutes* "Access to Health Care Act"
- F. Section 768.28, *Florida Statutes* "Waiver of Sovereign Immunity"
- G. Chapter 440, *Florida Statutes* "Workers' Compensation"
- H. *Florida Administrative Code* Rule 60L-33 "Appointment and Status"
- I. *Florida Administrative Code* Rule 60L-33.006 "Volunteers"

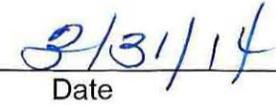
III. Supportive Data

- A. DOHP 300-1-13, "DOH Training Policy"
- B. DOHP 60-5-13, "Background Screening Policy"
- C. DOHP 30-2-13, "Code of Ethics"
- D. DOHP 85-01-13, "Communications Policy"
- E. DOHP 56-74-13, "Finance and Accounting Donations/Other Accounting"

IV. Signature Block with Effective Date



Kim E. Barnhill, MS, MPH
Chief of Staff



Date

V. Definitions

- A. DOH Entity:** Any program directly administered by the Department of Health including county health departments, Children's Medical Services Regional Area Offices, central office divisions and offices.
- B. Donations:** Money, material goods, or in-kind services donated for the benefit of individuals and communities served by the Department.
- C. Local Volunteer Coordinator:** An employee assigned to coordinate overall responsibilities of Chapter 110, *Florida Statutes*, Volunteer Health Services within a DOH entity and who reports volunteer data to the Regional Volunteer Coordinator.
- D. Material Donor:** Any person who provides funds, materials, employment or opportunities for clients of departments or agencies without monetary or material compensation.
- E. Needs Assessment:** The process used to identify the Department's need for volunteers, material goods, and/or donations.
- F. Occasional Service Volunteer:** Any person who offers to provide a one-time or occasional voluntary service.
- G. Position Description:** A narrative statement that includes the volunteer's duties, job expectations, qualifications, responsibilities and supervision.
- H. Pre-event Volunteer:** An individual agreeing to volunteer for emergency duties prior to an emergency event is considered a regular service volunteer. This would include Medical Reserve Coordinators (MRC).
- I. Program Manager of Volunteer Health Services:** An employee assigned to develop and coordinate overall responsibilities of Volunteer Health Services for the DOH.
- J. Regional Volunteer Coordinator:** An employee assigned to provide technical support regarding volunteer health service activities for DOH entities and clinics, and participating in the Volunteer Health Care Provider Program within a specified region.

- K. Regular Service Volunteer:** Any person engaged in specific voluntary health service activities on a continuous basis, such as licensed health care providers and persons who provide clerical and support services.
- L. Volunteer:** Any person who, of their own free will, provides goods or services or conveys an interest in or otherwise consents to the use of real property, to any state department or agency, or nonprofit organization, with no monetary or material compensation.
- M. Volunteer Groups:** A group of individuals that may or may not be associated with a formal recognized group or organization who volunteer for a one-time event, or an event of short duration. Their volunteer services may be documented on the Volunteer Participation Roster.
- N. Volunteer Services Personnel:** DOH employees who are responsible for the implementation, support, and operation of the Volunteer Health Services in DOH entities.
- O. Volunteer Supervisor:** Any paid employee or volunteer who supervises a volunteer.
- P. Teen Volunteer:** An individual who is between 14 to 17 years of age, and volunteers for less than 40 hours per week with parental permission (see Appendix L). They cannot be supervised by a relative or work in areas where confidential or sensitive information is contained, utilized or discussed.

VI. Protocol

- A. Outcome:** Standardized procedures across DOH entities for managing volunteers per Chapter 110, *Florida Statutes*.
- B. Personnel:**
 - 1. Directors/administrators of DOH entities
 - 2. Program Manager of Volunteer Health Services
 - 3. Regional Volunteer Coordinators
 - 4. Local Volunteer Coordinators
 - 5. Volunteer Supervisors
- C. Areas of Responsibility:**
 - 1. Each director/administrator of a DOH entity is responsible for ensuring the implementation of these policies and procedures within their respective areas through the assignment of responsibilities to a specific employee referred to

as a local volunteer coordinator. The preferable location of the local volunteer coordinator is in an administrative office which will allow access to all program areas.

2. The program manager is responsible for the development and coordination of policies and procedures for Chapter 110 Volunteer Health Services including monitoring reports; conducting site visits; providing technical assistance; and compiling statewide data as required by DOH.
3. Regional volunteer coordinators will monitor and review files for quality assurance purposes. Technical assistance will be provided to local volunteer coordinators as requested. Regional volunteer coordinators will supervise Chapter 110 volunteers associated with the Volunteer Health Care Provider Program and collect regional data for submission.
4. Local volunteer coordinators are responsible for the recruitment, training, documentation, placement, and recognition of volunteers employed in their facility. They will accept and document donations presented to the department, and they will prepare and submit reports to the regional volunteer coordinator on a quarterly and annual basis.
5. Volunteers' supervisors are responsible for ensuring that volunteers are treated with the same respect as paid employees. They will train all volunteers for the assigned position and provide supervision which will ensure an efficient and productive working environment.
6. Each DOH entity or agency utilizing the services of volunteers shall:
 - a. Take such actions that are necessary and appropriate to develop meaningful opportunities for volunteers involved in state-administered programs.
 - b. Comply with the uniform rules adopted by the Department of Management Services which governs recruiting, screening, training, responsibility, utilization and supervision of volunteers.
 - c. Ensure that volunteers understand their duties and responsibilities.
 - d. Ensure a receptive climate for citizen volunteers.
 - e. Provide for the recognition of volunteers who have offered continuous and outstanding service. Each entity using the services of volunteers is authorized to incur expenditures not to exceed \$100 each, plus applicable taxes for suitable framed certificates, plaques, or other tokens of recognition to honor, reward, or encourage volunteers for their service.

- f. Recognize prior volunteer service as partial fulfillment of state employment requirements for training and experience pursuant to rules adopted by the Department of Management Services.

VII. Procedures

A. Volunteer Recruitment and Placement

1. **Needs Assessment:** The local volunteer coordinator will assist each entity or facility in assessing its need for goods and services and help determine the feasibility of meeting the needs through volunteer resources.
2. **Position Description:** The local volunteer coordinator will develop a volunteer position description in accordance with the DOH entity or facility prior to the volunteer's start date.
3. **Recruitment:** The local volunteer coordinator has the overall responsibility for recruiting volunteers for their DOH entity or facility.
4. **Application:** The local volunteer coordinator shall accept, review and process all submitted Volunteer Enrollment Applications (see Appendix C). The license status of all health care providers shall be verified prior to assigning the volunteer to a direct care position.
5. **Interview:** The local volunteer coordinator will interview each individual applicant to determine the appropriate placement and duties of the volunteer.
6. **Determination of Eligibility:** The local volunteer coordinator and volunteer supervisor for that position must consider the protection and welfare of the individuals served by the department when determining eligibility for a volunteer applicant. It is the responsibility of the volunteer supervisor, with input from the local volunteer coordinator, to determine whether an applicant is eligible for a specific position or activity.
7. **Screening:** Depending on the position duties and DOH's Background Screening Policy, the volunteer's supervisor will determine the level of screening required for the position being filled by a volunteer. The local volunteer coordinator will ensure that appropriate screening is completed.
 - a. All individual applicants, regardless of placement, must provide at least two personal references. These personal references should be interviewed by the volunteer's supervisor with responses documented in writing on the Volunteer Personal Reference Questionnaire (see Appendix E). These responses shall be maintained in the volunteer's personnel file.

copy of the Code of Ethics (DOHP 30-2-13) or be given access to the document on the department's intranet.

4. **Time Sheets:** Volunteer hours must be accurately documented and maintained as a permanent record. The Volunteer Time Sheet (see Appendix F), or equivalent may be used to document the volunteer's hours of service. The supervisor should forward each volunteer's time sheet(s) to the local volunteer coordinator quarterly.
5. **Reassignment:** At the request of the volunteer or the volunteer's supervisor, or if the assigned tasks have been completed or the position no longer needs to be filled, a volunteer may be assigned to another position or have their status changed to "inactive." The local volunteer coordinator will assist with the reassignment.
6. **Reactivation:** If a volunteer wishes to return after being inactive, and the volunteer was not terminated due to inappropriate behavior or unsatisfactory performance, a supervisor or local volunteer coordinator may reactivate the previously placed volunteer.
7. **Termination:** If termination occurs, the supervisor shall notify the local volunteer coordinator and complete the Volunteer Notice of Termination. If a volunteer is terminated from one position, the volunteer may still be eligible to fill another position in the Department. Approval to continue participation is at the discretion of the director/administrator of the DOH entity. Examples for termination include:
 1. The assigned activities are completed.
 2. A volunteer's performance is unsatisfactory and the supervisor concludes that consultation or additional training will not result in improved performance.
 3. A volunteer has become unreliable.
 4. A volunteer violated a DOH rule, regulation, policy, or other applicable state or federal law.
 5. A volunteer requests termination.

C. Recognizing Volunteers

1. **Publicity:** The local volunteer coordinator is responsible for ensuring the recognition of volunteers. Each DOH entity should recognize its volunteers at least on an annual basis. Publicity of volunteer accomplishments may be in DOH or commercial media. Communications with commercial media must be in accordance with the DOHP 85-01-13.

2. **Activities:** Activities for volunteer recognition may include awards programs, luncheons, banquets, or other types of recognition events. Funding for volunteer recognition events is not an authorized expenditure for DOH entities. Funding for these activities can come from outside sources.
3. **Awards:** Section 110.503(5), *Florida Statutes*, provides for awards to volunteers. The section authorizes the expenditure of up to \$100 for suitable framed certificates, plaques, or other tokens of recognition to honor, reward, or encourage volunteers for their service. Funding for awards will be the responsibility of the sponsoring DOH entity.

D. Donations

1. **Responsibility:** Employees who are designated by a DOH entity to process donations are responsible for accepting, recording, and accounting for all donations. Donations must be managed in accordance with the DOHP 56-74-13.
2. **Procurement:** The designated employee is authorized to procure donations from the general public on behalf of DOH clients and volunteers.
3. **Value:** The value of any donation is established by the donor. In cases where the donor does not assess the value, the designated staff shall determine the value.
4. **Documentation:** The designated employee is responsible for documenting all donations. Donors must be provided a Volunteer Donor Receipt (see Appendix H) and the donation, whether services or tangible goods or money, shall be documented on the Volunteer Donation Log (see Appendix I).
5. **Utilization:** The disbursement of donations will be handled in a manner consistent with the needs of individuals and communities served by the Department. All disbursements/dispositions shall be documented on the Volunteer Donation Log and records retained for three years. When donated items are not used locally, the items may be redistributed to the following entities:
 - a. Other DOH sites within the area
 - b. Community nonprofit organizations assisting individuals served by DOH entities

- E. Records and Forms:** The local volunteer coordinator shall collect and maintain a file on each volunteer. This file will be maintained by the DOH entity for three years after the termination of the volunteer's participation.

1. **Regular Service Volunteer:** A file for an individual performing as a regular service volunteer shall contain at a minimum:
 - a. Volunteer Enrollment Application (see Appendix C).
 - b. Volunteer Position Description (see Appendix B).
 - c. Two Volunteer Personal Reference Questionnaires (see Appendix E).
 - d. Background screening documentation, as applicable, in accordance with DOHP 60-5-13.
 - e. Volunteer Time Sheet (see Appendix F) or an equivalent form.
 - f. Teen Volunteer Parental Permission (see Appendix L), if the volunteer is a teen
 - g. Any additional documentation requirements for the volunteer's position.

2. **Occasional Service Volunteer:** Files for an occasional service volunteer shall contain at a minimum.
 - a. Volunteer Enrollment Application (see Appendix C).
 - b. Volunteer Position Description (see Appendix B).
 - c. Volunteer Time Sheet (see Appendix F) or an equivalent form.
 - d. Volunteer Participation Roster (see Appendix D) which is used for one-time events: If a DOH entity uses multiple volunteers for a one-time event of short duration, such as health fairs, immunization clinics, or health screenings, the Volunteer Participation Roster may be used in lieu of the Individual Volunteer Enrollment Application. The DOH employee or volunteer supervising the event will complete the form. If a volunteer is designated as the supervisor of an event, that volunteer must complete the documentation required for a regular service volunteer.
 - e. Other forms and information may be included in the volunteer's personnel file according to a specific need or policy as applicable.

F. Monitoring and Reporting

1. **Monitoring.** The local volunteer coordinator shall monitor the program through the review of files, the documentation of data, and maintaining liaison with the supervisors of volunteers.
2. **Reporting.** The local volunteer coordinator is responsible for maintaining documentation on volunteer services and the value of donated goods and services from DOH volunteers.
 - a. The local volunteer coordinator shall summarize in a quarterly report, the number of volunteers, number of donated hours, and the value of donations. This report must be made available on request. An annual report of all activities donated by volunteers shall be provided to the regional volunteer coordinator by August 1 of each year. The quarterly and annual reports will be documented on the Chapter 110 Volunteer Program Annual Report (see Appendix K).
 - b. The regional volunteer coordinator shall compile annual data received from the local volunteer coordinators and report all data and information as requested by the Volunteer Health Services Program Manager by September 1 of each year.

G. Volunteer Forms: Volunteer forms are approved in accordance with the policies and procedures of the Department and cannot be modified without approval of the Volunteer Program Manager. Some forms are optional and may be substituted by an equivalent local form, providing they contain, at a minimum, equivalent information. All forms can be reproduced locally or made available from the regional volunteer coordinator or the Volunteer Health Services Office.

1. **Required Forms:**
 - a. Volunteer Needs Assessment Tool – DH 1144 (see Appendix A)
 - b. Volunteer Position Description – DH 1493 (see Appendix B)
 - c. Volunteer Enrollment Application – DH 1474 (see Appendix C)
 - d. Volunteer Participation Roster – DH 1494 (see Appendix D)
 - e. Volunteer Notice of Termination – DH 1498 (see Appendix G)
 - f. Volunteer Donor Receipt – DH 1150 (see Appendix H)
 - g. Volunteer Donation Log – DH 1499 (see Appendix I)

- h. Chapter 110 Volunteer Program Annual Report – DH 1478 (see Appendix K)
- i. Teen Volunteer Parental Permission – DH 1145 (see Appendix L)

2. **Optional Forms (Equivalents Accepted):**

- a. Volunteer Personal Reference Questionnaire (see Appendix E)
- b. Volunteer Time Sheet – DH 1475 (see Appendix F)
- c. Volunteer Record Check (see Appendix J)

VIII. Distribution List

Deputies
Executive Office Directors
Division Directors
Bureau Chiefs
County Health Department Directors/Administrators
Children's Medical Services Medical Directors
Children's Medical Services Nursing Directors
Regional Volunteer Coordinators
Division Policy Coordinators
Policy Web Administrators

- IX. History Notes:** This policy replaces and supersedes DOHP 365-1-05, Chapter 110 Volunteer Program dated 8/25/05.

X. Appendices

Appendix A: Volunteer Needs Assessment Tool

Appendix B: Volunteer Position Description

Appendix C: Volunteer Enrollment Application

Appendix D: Volunteer Participation Roster

Appendix E: Volunteer Personal Reference Questionnaire

Appendix F: Volunteer Time Sheet

Appendix G: Volunteer Notice of Termination

Appendix H: Volunteer Donor Receipt

Appendix I: Volunteer Donation Log

Appendix J: Volunteer Record Check

Appendix K: Chapter 110 Volunteer Services Annual Report

Appendix L: Teen Volunteer Parental Consent



Appendix A – Volunteer Needs Assessment Tool

This tool is designed to help you identify program or facility needs and to consider how they may be met through the use of volunteers. When completed, the CHD/CMS volunteer coordinator will assist you in determining how these needs may be met, partially or completely, through the use of volunteers.

NAME: _____

PROGRAM/FACILITY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (_____) _____ SUNCOM: _____

Notwithstanding funding and staffing considerations, please answer these questions. (Be creative, yet realistic. Think in terms of specific tasks, length of activity, number of hours required, minimum skills necessary, etc.)

1. What services are you doing now that you would like to expand?

2. What needs do your clients have that are not presently being met?

3. What needs does your staff have that could be met by a volunteer?



Appendix B – Volunteer Position Description

To be completed by requesting program, facility, or CHD/CMS volunteer coordinator.

DATE: _____ SUPERVISOR: _____

POSITION TITLE: _____

LOCATION OF POSITION: _____

TIME COMMITMENT: _____

DURATION OF POSITION: _____

DUTIES: _____

QUALIFICATIONS: _____

TRAINING: _____

WILL THIS POSITION REQUIRE BACKGROUND SCREENING? YES _____ NO _____

CONTACT PERSON

TELEPHONE NUMBER

PROGRAM/FACILITY

ADDRESS CITY STATE ZIP



Appendix C – Volunteer Enrollment Application

Name	(Last)	(First)	(Middle)
Mailing Address	City		State Zip
Work Telephone	Home Telephone	Cell Phone	
Email:	Emergency Contact	Telephone Number	

What type of volunteer position are you interested in? _____

List any professional license, registration, or certificate you currently possess (include certificate/license number): _____

List any special skills, interests, or hobbies: _____

List any special considerations or needs: _____

List two personal references not related to you whom you have known for more than one year:

NAME	NAME
ADDRESS	ADDRESS
CITY/STATE ZIP	CITY/STATE ZIP
PHONE	PHONE

List your most recent volunteer or employment experience:

EMPLOYER	COMPLETE MAILING ADDRESS	TELEPHONE
JOB TITLE	DATES OF VOLUNTEER/EMPLOYMENT	

Specify the days and time frames you are available to volunteer: _____

Day of Week	Hours	Day of Week	Hours
Sunday		Thursday	
Monday		Friday	
Tuesday		Saturday	
Wednesday			

Appendix C, continued

Have you ever been convicted of or plead nolo contendere to a driving or criminal offense?

Yes _____ No _____ If answer is yes, please explain (including types of offenses and dates):

It shall be a misdemeanor of the first degree to fail to disclose, by false statement, misrepresentation, impersonations or other fraudulent means, any material fact used in making a determination as to a person's qualifications to work as a volunteer.

I understand that, to protect persons served by the department, a routine check through law enforcement, license bureaus, agency files, and references may be made. I understand that a criminal offense will not automatically exclude me from all volunteer positions; however, certain convictions will exclude me from volunteering in some positions. I understand that if I answered no to the criminal offense question on the front of this application and a record should be obtained, it will prevent me from volunteering for the department regardless of the offense. I understand upon submission of this application it becomes public record.

I understand and agree that all information as it relates to persons served by the department is to be held confidential in compliance with Florida Statutes. All information that should come to my attention and knowledge as privileged and confidential will not be disclosed to anyone other than authorized personnel and that I shall conduct myself in accordance with the departmental security policies. I understand that failure to comply may result in criminal prosecution.

I affirm that all information on this application is true and correct.

_____/_____/_____
Signature Date

**INTERVIEWER'S COMMENTS
(For Agency Use Only)**

Date of Interview: ____/____/____ Interviewer's Name: _____

Appendix C, continued

Screening Required: Yes _____ No _____ Date Screening Completed: _____

Date Orientation Completed: _____

<p>WORK ASSIGNMENT (For Agency Use Only)</p>

Program

Location

Supervisor

Date of Placement



Appendix E – Volunteer Personal Reference Questionnaire

Name of Volunteer/Intern Applicant

Date Completed

As required by section 110.503, *Florida Statutes* and *Florida Administrative Code* rule 60L-33.006, reference checks must be completed for the above applicant. This applicant wishes to provide volunteer services to clients of the Department of Health. Your name has been given as a personal reference, and we would appreciate your comments on the following questions:

1. How long have you known the volunteer applicant? _____
2. To your knowledge, has the applicant ever been convicted of a crime? _____
3. Do you consider him/her to be of good moral character? If no, please explain. _____

4. Do you know of any reason why the applicant should not be trusted with or around children or persons with disabilities? _____ If yes, please explain: _____

5. Would you consider placing the responsibility of a child or a person with disabilities who is related to you with the applicant? _____
6. Do you have any additional comments concerning the applicant's character or reliability?

7. What is your relationship to the applicant? _____

Reference Signature

Name (please print)

Address

Telephone

City State Zip

Thank you for your time.
Upon completion, please return this form to: _____



Appendix G - VOLUNTEER NOTICE OF TERMINATION

This is to serve as official notice that _____,
(Name of Volunteer)
serving as a _____, has been terminated
(Job Title)
as a volunteer for the _____ on _____.
(Name of Program/Facility) (Date)

Reason for Termination: (circle one)

- A. Completed Assignment
- B. Resignation
- C. Unsatisfactory Performance
- D. Non-Compliance of Departmental Rules
- E. Other _____

(Signature of Volunteer's Supervisor)

COMMENTS: _____

COMMENTS
(For Volunteer Coordinator Use Only)

Please return to the CHD/CMS volunteer coordinator within seven (7) days of termination.

Appendix H – Volunteer Donor Receipt



DATE: _____ RECEIPT #: _____

NAME OF DONOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____

ITEMS DONATED

VALUE

TOTAL VALUE: \$ _____

DONOR DISPOSITION REQUEST: _____

NAME OF PERSONNEL ACCEPTING DONATION: _____

SIGNATURE OF PERSONNEL: _____

PROGRAM/FACILITY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: () _____ SUNCOM: _____



Appendix J – Volunteer Record Check

I, _____, hereby grant
Print Full Name: First Middle Last (Maiden, if applicable)

permission to the Department of Health to obtain information from local and state law enforcement agencies to help determine my suitability to serve as a Department of Health volunteer. I understand that if the records check shows any violations committed or other information about my background that would indicate unsuitability or a risk, I may not be accepted into the Department of Health Volunteer Program.

Social Security Number

Date of Birth

Race/Sex

Complete Address City State Zip

Signature

Date



Appendix K – Chapter 110 Volunteer Services Annual Report

DEPARTMENT OF HEALTH Program/Facility: _____

ADDRESS, CITY, STATE & ZIP: _____

QUARTER: _____

FISCAL YEAR: _____

(July 1 – June 30)

		A	B	C	
TOTAL NUMBER OF INDIVIDUAL VOLUNTEERS	TOTAL NUMBER OF VOLUNTEER HOURS	VALUE OF NON-LICENSED VOLUNTEERS (\$20.25/hr)	VALUE OF LICENSED PROFESSIONAL VOLUNTEERS (**Varies)	VALUE OF DONATIONS	TOTAL VALUE OF SERVICES, AND DONATIONS (A+B+ C =)

** Value of Licensed Professional Service should be the standard fee for services charged for that professional category.

Physicians	\$250.00/hr at clinic	ARNP/PA	\$ 75.00/hr	Respiratory Therapists	\$ 40.00/hr
Dentists	\$200.00/hr	RN	\$ 35.00/hr	Pharmacists	\$ 50.00/hr
Chiropractors	\$ 90.00/hr	LPN	\$ 25.00/hr	Clinical Social Workers	\$ 50.00/hr
Optometrists	\$ 50.00/hr				
Dental Technicians, Medical Technicians, HIV Counselors, Support staff, etc.			\$ 20.25		

Appendix L - TEEN VOLUNTEER PARENTAL CONSENT



I, _____, grant permission for my child,
Print Parent's Name

_____, to work as a volunteer for the
Print Minor's Name

Department of Health. I understand my child will be directly supervised by Department of Health staff and will work less than 40 hours per week. In case of emergency, please contact:

Name: _____ Relationship: _____

Address, City, State & Zip: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____

Signature of Parent or Guardian

Date