

Main Line Health

Bryn Mawr Hospital

Lankenau Hospital

Paoli Hospital

Riddle Memorial Hospital

Bryn Mawr Rehab Hospital

The Home Care Network

Lankenau Institute for Medical Research

Main Line HealthCare

Main Line Health Centers

Main Line Health Laboratories

Mid County Senior Services

Mirmont Treatment Center

Dear Junior Volunteer Candidate:

We are pleased that you are interested in participating in the volunteer program at Lankenau Medical Center.

Please read the enclosed material carefully and feel free to call our office if you have any questions. We invite into our program, applicants that are enthusiastic, ambitious and prepared to make a commitment to the recovery and well being of our patients. Participants must be willing to serve at least 40 hours over a 6 month period. Requests for letters of recommendation will be honored for those who have completed 40 hours of service.

After reading about the junior volunteers at Lankenau you will have a better understanding of why our junior volunteers are a vital energy to the health care team. If you wish to apply:

- Complete and return the enclosed application to the volunteer office. Someone will then contact you to schedule an interview. (Please come to the interview with a parent or guardian).
- 2. Ask your physician for a copy of your immunization record.
- 3. Give the reference form to your school counselor or teacher.
- 4. Give the second reference form to an adult who is not related to you.
- 5. Have your parents/guardian read about the volunteer program and sign the consent form.

Please note: All new volunteers <u>must attend</u> a volunteer orientation before starting. Please call the volunteer office to secure orientation dates offered prior to your anticipated start date.

I am looking forward to meeting with you. I know you will find volunteering at Lankenau Medical Center a rewarding and fun experience.

Sincerely,

Laurie Watson

Director of Volunteer Services

Laurie Watson



APPLICATION FOR JUNIOR VOLUNTEER SERVICE

Last Name	First	Middle _	Nickr	iame
Street	City		_State	_Zip
Home Phone		Date of Birth		
Father's Name		First		
Mother's Name				
Last		First		
In case of Emergency, Contact:				
Name	Relationship)	Telephone	<u> </u>
		44		
Family Doctor	Phone #			
School	Counselor_		Phone #	
Grade Year of Grad	uation	E-Mail Address		
CAN YOU COMMIT TO AT LEAST 6 MONTHS OF WEEKLY VOLUNTEER SERVICE?YESNO				
Time Available: Weekdays Evenings Weekends Hours: AM PM				
Mon Tues	Wed Thurs	Fri Sat	Sun	
School and Community Activities, Clubs:				
Second Language, Interests, Hobbies, Other Skills:				
Have you ever been convicted of a crime? Y N				
Court Ordered Community Service	a:			
Hours Probation Officer			Telephone_	
References:				
1	Addres			Telephone
	Addica			relephone
2Name	Addres	s		Telephone
Signature of Applicant			Date	
Parent or Guardian's Signature of App	***	Date		