



Bryn Mawr Rehab Hospital
Main Line Health

414 Paoli Pike
Malvern, PA 19355

1.888.REHAB.41
mainlinehealth.org/Rehab

Dear Community Member:

We are delighted that you have expressed an interest in becoming a volunteer at The Bryn Mawr Rehab Hospital.

Volunteers are a most valuable asset, performing a variety of non-medical services in both patient and non-patient departments. The Bryn Mawr Rehab Hospital Volunteers come from all walks of life in the surrounding community, but all share in the common goal of assisting our professional staff in providing the excellent patient care for which the hospital is known. They also enable the hospital to provide services for both the patients and the community that could not be provided otherwise.

Our volunteers are an integral part of The Bryn Mawr Rehab Hospital Family, and an assignment and schedule will be worked out for you depending upon your interests, skills and time availability.

In order to facilitate your application, please follow these guidelines:

- Fill out the application and attached Confidentiality Statement and return it to the Volunteer Manager.
- Print out 2 copies of the reference forms and give them to friends or co-workers who would be willing to attest to your good character, and ask them to return the forms to me at the address listed below.

Once your application and **both** references are received and reviewed, I will call you to schedule an appointment for a tour, an interview and to discuss your interests.

I am looking forward to meeting you and to having you become a member of The Bryn Mawr Rehab Hospital Volunteer Team!

Sincerely,

Yvonne Navarro-Brewer
Manager, Volunteers, Telecom & Gift Shop
Bryn Mawr Rehab Hospital
Navarro-brewery@mlhs.org
484.596.5599



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APPLICATION FOR VOLUNTEER SERVICE

Name: _____ preferred to be called: _____
First MI Last

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

E-Mail Address: _____ Birthday ____/____/____

In case of an Emergency contact: _____ Phone () _____

Physician: _____ Phone () _____

Work Experience: _____

Current / Former Employer:
1. _____ 2. _____

Other Volunteer Experience: _____

Can you commit to at least 6 months of weekly volunteer service to Bryn Mawr Rehab Hospital? Yes No

Availability: M T W Th F S S Morning Afternoon Evening

Would you like to be contacted for special projects? Yes No

Hobbies or Interests: _____

What are your goals for your volunteer experience with us? _____

References: (Please be sure to give your references the proper form to fill out.)

Name _____

Relation to You _____ Telephone _____

Name _____

Relation to You _____ Telephone _____



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STATEMENT OF AGREEMENT

- I consider my volunteer assignment a commitment; fill it regularly except for illness, vacation or inclement weather.
- I will contact my assigned department when I am unable to volunteer. I understand that should I be absent two times consecutively without notifying my immediate supervisor, I may be terminated from the program.
- I will always wear my name badge and volunteer uniform while on duty.
- I understand that any breach of confidentiality will result in my dismissal from the Volunteer Program at Bryn Mawr Rehab Hospital.
- By signing this affirmation I assume responsibility for confidentiality for our patients, physicians, staff and volunteers.

Have you ever been convicted of a: felony _____ misdemeanor _____ ?

I understand that I must be punctual and regular in attendance, helpful in my assignment and careful to honor the confidential nature of what I observe and all other rules and regulations of the Volunteer Services Department. I understand that my service as a volunteer is conditional, based on need and satisfactory service, and may be canceled at any time.

I certify that the above information is true and correct to the best of my knowledge. I understand any false statement on this application may be considered cause for rejection of this application or for dismissal if such statement is discovered subsequent to an assignment. I agree that if offered an assignment, I will consent to a health screening. I understand that my assignment is conditional upon the satisfactory results of this screening.

I give permission for Bryn Mawr Rehab Hospital to investigate the information contained in this application, including inquiries of law enforcement agencies, agencies where I have previously volunteered, and the U.S. Government to release information on me to Bryn Mawr Rehab Hospital.

Signature

Date

MAIN LINE HEALTH PROVIDES OPPORTUNITIES FOR VOLUNTEERISM WITHOUT DISCRIMINATION DUE TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, ANCESTRY, MARITAL STATUS, SEXUAL ORIENTATION, AGE OR HANDICAP.

RETURN TO DEPARTMENT OF VOLUNTEER SERVICES



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DEPARTMENT OF VOLUNTEER SERVICES
CONFIDENTIALITY STATEMENT

I understand and agree that:

1. As a volunteer of Bryn Mawr Rehab Hospital and Main Line Health Hospitals I may have access to privileged information of a highly confidential nature.
2. Privileged information consists of, but is not limited to, data regarding the following:
 - a. Employees: Salary and demographic information.
 - b. Patients: Diagnosis and procedures, content of medical records, and any personal information.
 - c. Family members, patients: Any and all personal information.
3. The confidentiality of privileged information is protected by law, and as a Volunteer of the Main Line Health Hospitals, it is my responsibility to preserve and protect this confidentiality.
4. I am responsible for maintaining strictest confidentiality regarding computer system access and information. This prohibits sharing of sign-on ID/password information and/or providing physical access to a terminal in "active" status. I will only access information patients/employees about whom I have a business need to know. Likewise, I will discuss information only with employees who have a business need to know. I will not attempt to gain access to areas of the system(s) that are not necessary for the performance of my job.
5. Any unauthorized disclosure of privileged information, or any other confidential information concerning a current or past patient, or employee of Main Line Health Hospitals may result in immediate discharge from service with the System, and possible legal action against me.

Signature

Date



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VOLUNTEER REFERENCE

_____ has applied for a volunteer position at Bryn Mawr Rehab Hospital. Your name has been given as a personal reference. Would you please complete this form and return it in the envelope provided. All information you supply will be kept confidential.

Length of time you have known applicant _____

Relationship to applicant _____

How would you rate the following characteristics?

	Superior	Good	Fair	Poor	Unable to judge
Ability to follow directions	_____	_____	_____	_____	_____
Reliability	_____	_____	_____	_____	_____
Sound judgment	_____	_____	_____	_____	_____
Exhibits initiative	_____	_____	_____	_____	_____
Honesty/integrity	_____	_____	_____	_____	_____
Ability to work with others	_____	_____	_____	_____	_____

Any other comments or information you think might be helpful will be greatly appreciated. Please inform us about specific strengths or weaknesses of which you might be aware.

Name of Recommender

Telephone Number

Date

Yvonne Navarro-Brewer
Manager, Volunteers, Telecom & Gift Shop
Bryn Mawr Rehab Hospital
Navarro-brewery@mlhs.org
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