



Application for Junior Volunteer Service

Please print all required information

Personal Information				
Last Name	First Name	MI	Nickname	Date of Birth / /
Street Address		City	State	Zip
Home Phone	Cell Phone	Email Address		
Preferred method of communication <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Email <input type="checkbox"/> Other (please specify)				
Mother's Name		Father's Name		

Availability						
Time Availability : School Year Program	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.-Sun.
Weekday : starts at 3:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Time Availability : Summer Program						
Weekday: 9:00 a.m. to 1:00 p.m. or 1:00 p.m. to 5:00 p.m	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Emergency Contacts	
Relationship	Phone
Phone	

School and Community Activities/Clubs		
School	Grade	Year of Graduation
Clubs and Activities		

I hereby certify that I will observe the strictest code of confidentiality and will consider all BMRH patient and hospital information private and not to be the subject of conversation with other people.

Signature of Applicant: _____ Date _____

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



Bryn Mawr Rehab Hospital
Main Line Health®

VOLUNTEER SERVICES

414 Paoli Pike
Malvern, PA 19355

484.596.5599
mainlinehealth.org/rehab

DEPARTMENT OF VOLUNTEER SERVICES

Statement of Agreement/Confidentiality Statement

I understand and agree that I must be punctual and regular in attendance, helpful in my assignments and careful to honor the confidential nature of what I observe and all other rules and regulations of the Volunteer Department. As a volunteer of Bryn Mawr Rehab Hospital and the Main Line Health system, I may have access to privileged information of a highly confidential nature.

Privileged information consists of, but is not limited to, data regarding the following:

Employees: Salary and demographic information.

Patients: Diagnosis and procedures, content of medical records, and any personal information.

Family members of patients: Any and all personal information.

The confidentiality of privileged information is protected by law, and as a volunteer of the Main Line Health System, it is my responsibility to preserve and protect this confidentiality.

I am responsible for maintaining the 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 on 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.

Any unauthorized disclosure of privileged information, or any confidential information concerning current or past patient, or employee of the Main Line Health System, may result in immediate discharge from service with the System, and possible legal action against me.

I certify that the information on this application is true and correct to the best of my knowledge. I understand any falsification on this application may be considered cause for rejection. I give permission to Paoli 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 of Applicant: _____ Date _____



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Department of Volunteer Services

School Guidance Counselor or Teacher Recommendation

Name of Student: _____

The above student has expressed an interest in the Junior Volunteer Program at Bryn Mawr Rehab Hospital.

Because of the concern we have for our patients' welfare as well as the students' well being, we are interested in the following information regarding each applicant.

I WOULD RATE THE ABOVE STUDENT AS FOLLOWS:	GOOD	FAIR	POOR
Ability to Follow Instructions			
Ability to Follow Through on Assignments			
Attendance			
Cooperation With Adults			
Cooperation With Peers			
Degree of Responsibility			
General Appearance (Neat & Clean)			
Reliability			

Comments

Thank you for your cooperation in making this information available to us. It will be kept in strict confidence.

Yvonne Navarro-Brewer,
Manager Volunteer Services

I Do _____ I Do Not _____ recommend this student.

Name: _____ Title _____

School _____

Signature _____ Date _____

Parental Permission for School to Release Information

I give my permission to (Name of School) _____ to release information on my son/daughter requested by the Volunteer Department of Bryn Mawr Rehab Hospital.

Date _____ Signed _____
Parent or Guardian



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Department of Volunteer Services

Letter Recommendation for Junior Volunteer Program

NAME _____ DATE _____
Last First Middle

ADDRESS _____

CITY, STATE, ZIP, CODE _____

SCHOOL _____

The above applicant is a candidate for admission to the Junior Volunteer Program at Bryn Mawr Rehab Hospital. Please use your judgment to comment on the following, which assesses potential, maturity, and personal competencies of the applicant. Your cooperation in completing and returning this recommendation is greatly appreciated. Thank you for your time and consideration.

1. How long have you known this applicant? _____
In what capacity do you know the applicant? _____
2. Is the applicant self motivated and does he/she follow through?

3. Dependability _____
4. Appearance _____
5. Additional comments _____
6. To the best of your knowledge would you recommend this young person for the Bryn Mawr Rehab Hospital Junior Volunteer Program?

NAME: _____

ADDRESS: _____

TELEPHONE: _____

RELATIONSHIP TO APPLICANT _____

SIGNATURE _____ DATE: _____