



Volunteer Services

130 South Bryn Mawr Avenue
Bryn Mawr, PA 19010

484.337.3058
bmhvolunteers@mlhs.org
mainlinehealth.org

Dear Student,

Thank you for your interest in becoming a student volunteer at the Bryn Mawr Hospital.

Student volunteers are vital to our Volunteer Program. The experience is designed to expose you to health careers, to challenge you, to introduce you to other students and provide you with an opportunity to work with patients, visitors and hospital staff.

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

Print out and complete the application, confidentiality statement, parental consent form and return it to the Volunteer Office. Obtain a copy of your immunization records from your doctor and include it with your application. You are also required to obtain a QuantiFERON blood test from your primary care physician prior to starting the program and submit a copy of the blood test results to the Volunteer Office. Also, please ask a parent or guardian to sign the Approval to Volunteer portion of the application.

Print two reference forms and give to an adult family friend and a teacher who would be willing to attest to your good character, and ask them to return the forms.

Please DO NOT ask family members for a reference.

Application and references should be mailed or emailed to the addresses listed above.

Two weeks after the application materials and both references are submitted, **the student must call the Volunteer Office at 484.337.3058 to confirm receipt of the application.** At that time, further information regarding the summer program will be discussed.

You are assuming an important responsibility by making a commitment to Bryn Mawr Hospital. We rely upon you to be punctual and reliable as you become an important member of our health care team.

I look forward to meeting with you in the near future.

Sincerely,

Jameyshia Franklin, Director
Volunteer Services

Application for High School 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: Summer Program	MON	TUE	WED	THU	FRI	SAT-SUN
Weekdays and Weekends: Times are flexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Emergency Contacts

Name	Relationship	Phone
Personal Physician	Phone	Address

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 Bryn Mawr patient and hospital information private and not to be the subject of conversation with other people.

Student Signature

Date

Parent/Guardian's Signature of Approval to Volunteer

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.

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 the Bryn Mawr 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 Bryn Mawr 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 Hospital.

DATE: _____

SIGNATURE: _____

Department of Volunteer Services

School Guidance Counselor or Teacher Recommendation

Name of Student: _____

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

Because of the concern we have for our patients' welfare as well as the students' wellbeing, 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.

Jameyshia Franklin
Director, 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 Hospital.

Date _____

Signed _____
Parent or Guardian

Department of Volunteer Services

Recommendation for High School Volunteer Program

NAME _____ DATE _____
Last First Middle

ADDRESS _____

CITY, STATE, ZIP, CODE _____

SCHOOL _____

The above applicant is a candidate for admission to the High School Volunteer Program at Bryn Mawr 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 Hospital High School Volunteer Program?

NAME: _____

ADDRESS: _____

TELEPHONE: _____

RELATIONSHIP TO APPLICANT _____

SIGNATURE _____ DATE: _____

FAQ

Frequently asked questions

QuantiFERON – TB Gold in-Tube test (QFT)

Q: What is QuantiFERON® - TB Gold in-Tube test?

A: QuantiFERON – TB Gold in-Tube (QFT) is an accurate, blood test that provides results showing if someone is either infected or not with the TB bacterium. QFT is unaffected by previous BCG vaccinations and most other environmental mycobacteria.

Q: Why is the QuantiFERON test better than the TB skin test?

A: The results through QFT are shown to be more accurate at detecting a tuberculosis infection than a TB skin test. A traditional TB skin test requires multiple visits to complete. A TB skin test may also result in false positives due to cross-reactivity with the BCG vaccination or responses to environmental mycobacteria. These and other limitations have shown QFT to be the most effective and best alternative to TB skin testing.

Q: What are the benefits of the QuantiFERON – TB Gold in-Tube test?

A: Some of the benefits include:

- Requires only one visit
- Does not compromise previous test results
- Is a controlled laboratory test
- Is objective and not affected by interpretation
- Results can be available in as little as 72 hours

Q: Is the QuantiFERON test approved by the CDC and FDA for TB testing?

A: Yes, both the U.S. Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC) have approved the use of the QuantiFERON – TB Gold in-Tube test (QFT).

Q: Who at Main Line Health will be required to receive the QuantiFERON test?

A: Currently, all new hires of Main Line Health are receiving the QFT test, and Main Line Health will be transitioning to annual tuberculosis required employees and volunteers to the QFT test beginning July 1, 2012.

Q: I am a Main Line Health employee who is currently required to complete an annual PPD skin test; will I need to complete the QuantiFERON test?

A: Infection Control is currently working to redefine which employees at Main Line Health will be required to complete an annual tuberculosis test. If it is determined that your position *will* require an annual tuberculosis test to be completed, you will be required to complete the QuantiFERON test instead of the PPD skin test.

Q: I have a history of a past-positive PPD and normally complete and annual Positive PPD Questionnaire; will I be required to complete the QuantiFERON test for medical surveillance?

A: Yes, you will be required to receive the QuantiFERON test initially which will determine if you are a confirmed positive. If you are confirmed as a positive, you will be required to continue annual monitoring, regardless if your position is taken off the annual requirement list by Infection Control. If you are confirmed negative by the QFT test, the Infection Control guidelines will determine if you are required to complete and annual tuberculosis test.

Q: Where will the QuantiFERON test be offered?

A: Currently, the QFT test is being offered at the Main Line Health Center at Exton Square and Lankenau Medical Center occupation health offices. Other testing locations are as listed on the QFT instructions sheet.

Additional questions?

Please contact occupation health at 484.565.1293 and someone will assist you.

