Lankenau Medical Center
Main Line Health®

VOLUNTEER SERVICES
100 East Lancaster Avenue
Wynnewood, PA 19096

1.866.CALL.MLH
mainlinehealth.org

Dear Community Member,

Thank you for inquiring about Lankenau Medical Center's volunteer program.

In addition to the application enclosed, there are two reference forms that should be filled out by friends or coworkers who are willing to attest to your good character. When you return the completed forms, someone from the Volunteer Office will contact you to arrange an appointment to discuss our program and to match your interests and abilities with our needs.

During flu season, October 1st through March 31st, seasonal flu vaccines are mandatory for volunteering.

It is important that you review the Question/Answer information about the QFT TB screening required to volunteer at Main Line Health. More information about how to secure this TB screening at a Main Line Health lab will be shared with you at an interview session.

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

Sincerely,

Laurie Watson

Laurie Watson
Director of Volunteer Services

Lankenau Medical Center
Main Line Health®
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Application for Volunteer Services

Last Name _____ First _____ Middle _____

Nickname _____ Previous Last/Maiden Name _____

Current Street Address _____ City _____ State ___ Zip _____

Previous Street Address _____ City _____ State ___ Zip _____

Home Phone _____ - _____ - _____ Date of Birth _____ / _____ / _____

Email Address _____

In case of emergency, contact:

Name _____ Relationship _____ Telephone _____

Physician _____ Telephone _____

CAN YOU COMMIT TO AT LEAST 6 MONTHS OF WEEKLY VOLUNTEER SERVICE? Yes ___ No ____

Time available: Weekdays _____ Evenings _____ Weekends _____ Hours: AM ____ PM ____

Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____ Sat ____ Sun ____

Employer _____ Job Title _____ Telephone _____

Career Experience: _____

Second Language, Interests, Hobbies or Other Skills: _____

Have you ever been convicted of a crime? Y N

Court Ordered Community Service:

Hours _____ *Probation Officer* _____ *Telephone* _____

References:

1. _____
   Name Address Telephone
2. _____
   Name Address Telephone

_____ _____

**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 OR HANDICAP.

Lankenau Medical Center
Main Line Health®

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Volunteer Reference

_____ has applied for a volunteer position at Lankenau Medical Center. 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 the 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 Date Telephone number

Laurie Watson

Laurie Watson
Director of Volunteer Services
Lankenau Medical Center

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_____

_____

_____

_____

_____ _____ _____

Name of recommender Date Telephone number

Laurie Watson

Laurie Watson
Director of Volunteer Services
Lankenau Medical Center