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
Director of Volunteer Services
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. ____________________________________________ Address ____________________________ Telephone ____________
2. ____________________________________________ 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.
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?

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<th>Superior</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Unable to judge</th>
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<tr>
<td>Ability to follow directions</td>
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<td>Ability to work with others</td>
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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
Director of Volunteer Services
Lankenau Medical Center
Volunteer Reference

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Laurie Watson
Director of Volunteer Services
Lankenau Medical Center