



Lankenau Medical Center
Main Line Health®

VOLUNTEER SERVICES

100 East Lancaster Avenue
Wynnewood, PA 19096

1.866.CALL.MLH
mainlinehealth.org

Dear Junior Volunteer Candidate,

We are pleased that you are interested in participating in the volunteer program and Lankenau Medical Center.

Please read the enclosed material carefully and feel free to call our office if you have any questions. We invite into our program, applicants that are enthusiastic, ambitious and prepared to make a commitment to the recovery and well being of our patients. Participants must be willing to serve at least 40 hours over a six-month period. Requests for letters of recommendation will be honored for those who have completed 40 hours of service.

After reading about the junior volunteers at Lankenau, you will have a better understanding of why our junior volunteers are a vital energy to the health care team, If you wish to apply:

1. Complete and return the enclosed application to the volunteer office.
Someone will then contact you to schedule an interview.
(Please come to the interview with a parent or guardian.)
2. Ask your physician for a copy of your immunization record.
3. Give the attached reference form to your school counselor or teacher.
4. Give the second, attached reference form to an adult who is not related to you.
5. Have your parent/guardian read about the volunteer program and sign the consent form.

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.

I am looking forward to meeting with you. I know you will find volunteering at Lankenau Medical Center a rewarding and fun experience.

Sincerely,

Laurie Watson
Director of Volunteer Services



Lankenau Medical Center

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Application for Junior Volunteer Service

Last Name _____ First _____ Middle _____

Nickname _____ Date of Birth ____ / ____ / ____

Street Address _____ City _____ State ____ Zip ____

Home Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____

Father's Name _____
Last _____ First _____

Mother's Name _____
Last _____ First _____

In case of emergency, contact:
Name _____ Relationship _____ Phone # _____

Family Doctor _____ Phone # _____

School _____ Counselor _____ Phone # _____

Grade _____ Year of Graduation _____ Email Address _____

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 ____

School and Community Activities, Clubs: _____

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 _____

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 OR HANDICAP.



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Reference for a School Counselor or Teacher Lankenau Medical Center Junior Volunteer Program

_____ is interested in becoming part of the junior volunteer program at Lankenau Medical Center. Please complete this reference form and return it in the envelope provided.

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



Lankenau Medical Center

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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

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Laurie Watson

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Director of Volunteer Services
Lankenau Medical Center