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
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.
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?

<table>
<thead>
<tr>
<th>Ability to follow directions</th>
<th>Superior</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Unable to judge</th>
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<tr>
<td>Reliability</td>
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<td>Sound judgment</td>
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<td>Exhibits initiative</td>
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<tr>
<td>Honesty/integrity</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

_________________________ 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 __________________________________________________________________________

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Laurie Watson
Director of Volunteer Services
Lankenau Medical Center