



Jefferson Lansdale Hospital Volunteer Application

CONTACT INFORMATION:

Name (First, Middle Initial, Last): _____

Street Address: _____

City, State and Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Social Security Number (must provide for compliance purposes): _____

Have you ever been convicted of, or pled guilty to, a felony or misdemeanor? (must answer) _____

(If yes, please give exact details of convictions, offenses, where committed, sentencing court, date of sentence and nature of sentence. Please provide these details on a separate sheet of paper. Convictions are not an automatic bar to volunteering.)

Why are you interested in becoming a volunteer at Lansdale Hospital? _____

Have you previously served as a hospital or other healthcare volunteer? _____

If yes, where did you volunteer and in what position? _____

Hours Available to Volunteer:

Which days of the week are you available? _____

Morning, Afternoon or Late Afternoon/Early Evening? _____

EMERGENCY CONTACT: (Please list one person.)

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

Physician Name: _____

Address: _____ Phone Number: _____

OPTIONS FOR STUDENTS AND COMMUNITY ADULTS: (No students under 18 are permitted to volunteer under current guidelines.) Please note: We do not process requests for graduation projects or community service.

_____ **Front Desk Greeter:** Assist outpatients and visitors at reception desk in main lobby

_____ **Gift Shop Volunteer:** Provide customer service to gift shop visitors

_____ **ER Shelving Assistant/Escort:** Stock shelves with light supplies/escort patients through ER

_____ **PAWS (must have own "registered" dog):** Visit patients with registered therapy dog

OPTION FOR COLLEGE STUDENTS AND ADULTS WHO WANT PATIENT CONTACT:

_____ **H.E.L.P. PROGRAM (Hospital Elder Life Program):** A specialized program which provides direct inpatient experience with geriatric patients at Lansdale Hospital. H.E.L.P. operates weekdays, Monday—Friday, 8 AM to 5 PM. We also have extended evening hours up to 7 PM and weekend hours. One can only volunteer in the evening and weekends after successful completion of training during the weekday. The year-round volunteer experience requires a 10-12 week time commitment, with a minimum of 1 shift per week. A limited number of Summer slots are available, with an 8-week time commitment and a minimum of 1 shift per week. Applications for the Summer must be received by April 1, with all paperwork submitted by May 15 to start before June. **Please check this section only if you are specifically interested in this program.**

Are you available to volunteer during the school year? _____ Summer Only? _____

If you are a college student, please state what school you attend: _____

WORK HISTORY:

Are you currently employed? _____ Retired? _____ Occupation (current or prior): _____

Employer Company Name: _____

Address: _____

Supervisor Name: _____ Phone Number: _____

REFERENCES: (Please provide two.)

First Reference: _____ Phone Number: _____

Address: _____

Second Reference: _____ Phone Number: _____

Address: _____

CERTIFICATION FOR ALL VOLUNTEERS:

We appreciate your interest in our hospital. Please review the following conditions and sign to indicate your agreement:

I give permission to Lansdale Hospital to investigate any and all information concerning my application in order to determine my qualifications. This includes, but is not limited to, medical clearance, criminal background checks, employment and personnel reference checks and education or certification verification. I understand that any misrepresentation of facts contained in this application may be cause for my rejection or dismissal.

1. I agree to be photographed by the hospital.
2. I agree that any personal property carried by me from hospital premises, including my packages, briefcase, or any other hand luggage may be inspected by authorized personnel.
3. I agree to abide by all hospital rules and regulations. I understand that my placement will be subject to the conditions of any applicable introductory period established by hospital policies. I understand that this application and any other hospital documents are not contracts of employment, and that any volunteer who is placed may voluntarily leave under proper notice, and may be terminated by the hospital at any time and for any reason.
5. In the event of resignation or termination, I agree to return all hospital property loaned to me, including but not limited to, identification badges, uniforms, equipment, keys, parking cards, etc.

My signature below indicates that I have read, understood, and consented to the above statements. This authorization or photocopy shall serve as consent for the hospital to request any information concerning my application.

Signature: _____ **Date:** _____

PLEASE RETURN APPLICATION ANY OF THE FOLLOWING WAYS:

Email: AJH-Volunteer@jefferson.edu

Fax: 215-481-4954

Regular mail: Lansdale Hospital, 100 Medical Campus Drive, Lansdale, PA 19446, Attn: Volunteer Resources