



## Volunteer Resources Department -- Volunteer Application

*Please print all required information*

<b>Personal Information</b>			
Last Name	First Name	MI	Social Security Number
Street Address	City	State	Zip Code
Home Phone	Cell Phone	Email Address	
Have you ever been convicted of, or pled guilty to, a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No <b style="color: blue;">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.</b>			

<b>Volunteer Experience and Background</b>	
Why are you interested in becoming a volunteer at AJH?	How did you learn about the volunteer program at Abington Hospital?
Have you previously served as a hospital or other health care facility volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where and in what position?	Are you currently seeking paid employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type?

<b>Availability</b>					
Available work hours	Monday	Tuesday	Wednesday	Thursday	Friday
Morning (8/9 AM to Noon/1 PM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon (Noon/1 PM to 4/5 PM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High School Student (4:00 PM to 7/8 PM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening (4:00 PM to 8:00 PM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Emergency Contact</b>			
Name	Relationship	Address	Phone
Physician Name	Address		Telephone Number

## Work Experience

Are you currently employed?  Yes  No (If yes, full time or part time)  Retired

Occupation

Employer Company Name

Street Address

City, State, Zip Code

Supervisor Name

Supervisor Phone #

## References (please provide two)

1. Name of first reference

2. Name of second reference

Street Address

Street Address

City

State

Zip

Phone

City

State

Zip

Phone

## If you are a current student ONLY, please fill in the following information:

High School  College

Year of Graduation

Name of School:

Street Address

City

Name of Parent/Legal Guardian (if applicant is under 18 years)

State

Zip

Phone

Parent or Guardian's Address and Phone #

**Please Note:** We do not typically honor requests for Graduation Projects or Community Service. High school students must be willing to volunteer for at least half the school year or the entire summer.

School Counselor Name

Counselor Phone # (Office)

## Options for High School and College Students (please check preference):

**Nutrition Department** – help clean tables, stock supplies, bag cookies and other related duties

**Patient Transport** -- help nursing staff by escorting and transporting patients through the discharge process

**Chart Messengers** – deliver patient charts to various nursing stations throughout the hospital (dependent upon availability)

**SUMMER ONLY** \_\_\_\_\_

**DURING SCHOOL YEAR** \_\_\_\_\_

**ALL YEAR ROUND** \_\_\_\_\_

## One Additional Patient-Contact Assignment for College Students:

**H.E.L.P. Program** – assist geriatricians and nursing staff with measures to protect older patients from declining mentally and physically while they are hospitalized

**SUMMER ONLY** \_\_\_\_\_

**DURING SCHOOL YEAR** \_\_\_\_\_

**ALL YEAR ROUND** \_\_\_\_\_

## Preferred Location for Volunteer Work

Please check preferred location for volunteering

- AJH Main Campus       Warminster Campus       Willow Grove Campus       Blue Bell Campus

## Preferred Type of Volunteer Work – For Adults Only (not students)

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Office Work</b> – general clerical duties   | <input type="checkbox"/> <b>Surgical Family Lounge</b> -- select candidates only; patient-sensitive interactions in a high-volume environment  |
| <input type="checkbox"/> <b>Information Desk Greeters</b> – give directions and look up patient room numbers  | <input type="checkbox"/> <b>Patient Care</b> -- Hospital Elder Life Program (HELP): work with older population of inpatients to stave off mental and physical decline while in the hospital; adults and college students eligible for this program |
| <input type="checkbox"/> <b>Groundskeeper</b> – help tend hospital gardens spring through fall  | <input type="checkbox"/> <b>Animal-Assisted Therapy</b> -- visit inpatients with your registered therapy dog; if interested in having your dog registered, we can give you further guidance  |
| <input type="checkbox"/> <b>Pastoral Care</b> – assess spiritual needs of new patients and make referrals for further chaplain visits   | <input type="checkbox"/> <b>Asplundh Cancer Pavilion Clerical Assistant</b> —assist nurse navigators with data entry, filing, phones, etc.   |
| <input type="checkbox"/> <b>Asplundh Cancer Pavilion Greeter/Escort</b> (located at Willow Grove campus) – direct and escort patients to various services throughout the facility |  |

## Certification for all Volunteers

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

1. I give permission to Abington 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.
2. I agree to be photographed by the hospital.
3. 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.
4. 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

\_\_\_\_\_  
Parent's Signature (required if volunteer is under 18 years of age)

\_\_\_\_\_  
Date

*Please mail application to: Abington Hospital  
1200 Old York Road  
Abington PA 19001  
Attention: Volunteer Resources*

*Fax: 215-481-4954*

*Email: [AJH-Volunteer@jefferson.edu](mailto:AJH-Volunteer@jefferson.edu)*