



## 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 Abington 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: \_\_\_\_\_

***OPTONS FOR STUDENTS AND COMMUNITY ADULTS: (No students under 18 are permitted to volunteer under current guidelines.)***

\_\_\_\_\_ **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:** Stock shelves with light supplies

\_\_\_\_\_ **Mammography Greeter:** Assist department with reception duties at front desk

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

***Please note:*** We do not process requests for graduation projects or community service.

***If you are a student, what school do 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 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.

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

**Fax:** 215-481-4954

**Regular mail:** Abington Hospital, 1200 Old York Road, Abington, PA 19001, Attn: Volunteer Resources