



Jefferson Abington 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: _____

OPTIONS FOR STUDENTS: (No students under 18 are permitted to volunteer under current guidelines.)

_____ **Nutrition Department:** Clean tables, stock supplies and other related duties

_____ **ETC Transport/Supply Assistant:** Stock supplies, unload boxes, move equipment, escort patients

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

OPTIONS FOR COMMUNITY ADULTS:

_____ **Office Work:** General clerical duties

_____ **Off-Site Information Desk Greeters:** Willow Grove Campus, Warminster Campus, Blue Bell Campus or Levy Medical Building

_____ **Animal-Assisted Therapy (must have own "registered" dog):** Visit patients with registered therapy dog

_____ **Asplundh Cancer Pavilion (Willow Grove):** Escort or Clerical Assistant

_____ **Groundskeeper:** Help tend hospital gardens spring through fall

_____ **Nutrition Department:** Clean tables, stock supplies and other related duties

OPTION FOR COLLEGE STUDENTS AND ADULTS WHO WANT PATIENT CONTACT:

_____ **H.E.L.P. PROGRAM (Hospital Elder Life Program):** This is a specialized program, providing direct patient interaction with **geriatric inpatients** at the main hospital in Abington. The program requires a roughly one-semester commitment (4 to 6 months) and there is significant training involved. Summer-only volunteers are permitted as long as they commit to staying at least 10 weeks and while slots are available. All shifts last four hours (9 AM to 1 PM or 12:30 PM to 4:30 PM) and are available M-F. **Please check this section only if you are specifically interested in this program.**

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

Check here if you are a Jefferson University Student _____

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

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

Fax: 215-481-4954

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