

# EINSTEIN HEALTHCARE NETWORK

## APPLICATION FOR VOLUNTEER SERVICE

**Please Note: At this time we do not have volunteer opportunities beginning after 3:30 pm M-F, evenings or weekends!**

Date \_\_/\_\_/\_\_

- Einstein Medical Center - Philadelphia
- Einstein Medical Center - Elkins Park
- Einstein Medical Center - Montgomery
- Moss Rehab - Tabor Road
- Moss Rehab - Elkins Park
- Willowcrest
- Other \_\_\_\_\_

- Adult
- Student
- Private Placement

### **PERSONAL INFORMATION:**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY / STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBER (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION:**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

TELEPHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

### **VOLUNTEER EXPERIENCE:**

PLACE (S) \_\_\_\_\_ DATES \_\_\_\_\_

RESPONSIBILITIES \_\_\_\_\_

\_\_\_\_\_

### **EMPLOYMENT STATUS:**

ARE YOU EMPLOYED? Y \_\_\_ N \_\_\_ FT \_\_\_ PT \_\_\_ RETIRED \_\_\_ UNEMPLOYED \_\_\_

NAME OF EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

**COMMUNITY INVOLVEMENT:** \_\_\_\_\_

\_\_\_\_\_

**PLEASE SHARE ANY SPECIAL INTERESTS, SKILLS, TALENT OR EDUCATION YOU MAY HAVE:**

\_\_\_\_\_

**CAREER INTERESTS:** \_\_\_\_\_

**DO YOU SPEAK ANY FOREIGN LANGUAGES?** \_\_\_\_\_

**IF YES, ARE YOU FLUENT?** (PLEASE CHECK OFF YES OR NO) - **SPEAK**- YES or NO, **READ** - YES or NO, **WRITE** - YES or NO

**HAVE YOU EVER BEEN CONVICTED OF A CRIME?** YES: \_\_\_\_\_ NO: \_\_\_\_\_

**IF YES, PLEASE EXPLAIN:** \_\_\_\_\_

\_\_\_\_\_

**PLEASE SHARE WITH US YOUR REASONS FOR WANTING TO VOLUNTEER:**

\_\_\_\_\_

**PLEASE CHECK OFF EACH AREA /TYPE OF VOLUNTEERING WHICH INTERESTS YOU:**

**PATIENT AREA**

- PATIENT AIDE
- EMERGENCY ROOM LIASON (adults only)
- ESCORT
- FRONT DESK
- HOSPITALITY
- OCCUPATIONAL THERAPY
- PHYSICAL THERAPY
- THERAPUETIC RECREATION

**NON-PATIENT AREA**

- CLERICAL
- FOOD SERVICE
- DATA ENTRY
- OTHER \_\_\_\_\_

**PLEASE INDICATE ALL DAYS AND TIMES WHEN YOU COULD BE AVAILABLE TO VOLUNTEER, FROM WHICH WE CAN CHOOSE ONE OR TWO, DEPENDING ON HOW MANY HOURS YOU'D LIKE TO VOLUNTEER:**

- MONDAY FROM: \_\_\_\_\_ TO: \_\_\_\_\_
- TUESDAY FROM: \_\_\_\_\_ TO: \_\_\_\_\_
- WEDNESDAY FROM: \_\_\_\_\_ TO: \_\_\_\_\_
- THURSDAY FROM: \_\_\_\_\_ TO: \_\_\_\_\_
- FRIDAY FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

1. Volunteer placements are contingent upon successfully completing: the Health Clearance performed by our Health Provider and a criminal background check, as required.
2. I am freely participating as a volunteer at EHN. I understand that I must abide by all the policies, procedures and regulations of EHN.
3. After 1-2 months a determination will be made as to the appropriateness of the placement for the department and me. At this time, I may meet with the Manager, Assistant Manager or Coordinator of Volunteer Services to discuss continuation of the placement.

Signature of Volunteer: \_\_\_\_\_ Date \_\_\_\_\_

**STUDENTS UNDER 18 PARENT/GUARDIAN READ & SIGN**

Dear Parent / Guardian,

We are pleased that your son/daughter has applied to our Student Volunteer Program. Participation gives young people an opportunity to serve the community while learning about career opportunities in healthcare.

The type of volunteer services to which your teenager will be assigned depends on age, interest and ability. Our purpose is to give the greatest service to the hospital and the most personal satisfaction to the student volunteer. **High School Students are required to provide a recommendation from a teacher or counselor.**

Your permission in helping your teenager fulfill his/her commitment to Einstein is needed and appreciated. If you have further questions, please call the office of Volunteer Services listed below.

I read the requirements for the Student Volunteer Program and hereby give my teenager permission to volunteer his/her services.

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN COMPLETED APPLICATION TO EITHER:**

Manager of Volunteer Services  
Einstein Medical Center - Philadelphia  
5501 Old York Road  
Philadelphia, PA 19141  
215-456-6055  
Volunteers@einstein.edu

Assistant Manager of Volunteer Services  
Einstein Medical Center - EP / Moss Rehab  
60 East Township Line Road  
Elkins Park, PA 19027  
215-663-6045  
EPVolunteers@einstein.edu

Coordinator of Volunteers  
Einstein Medical Center -  
Montgomery  
559 West Germantown Pike  
East Norriton, PA 1403  
484-622 - 0847  
SylvestS@einstein.edu

## STAFF NOTES

**DATE OF INTERVIEW:** \_\_\_\_\_ **NAME OF INTERVIEWER:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

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**DATE OF BIRTH:** \_\_\_\_\_

**POSSIBLE PLACEMENTS:** \_\_\_\_\_

**TRAINING / SHADOWING:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

	DATE	DATE	DATE
VOLUNTEER ROLE			
DEPARTMENT			
SUPERVISOR			
SCHEDULE			
LOCATION			
PHONE NUMBER			
STARTING DATE			
TERMINATION DATE			
TOTAL HOURS			

