

EINSTEIN

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!

CAMPUS

- Einstein – Philadelphia
- Einstein – Elkins Park
- Einstein - Montgomery
- Moss Rehab - Tabor Road
- Moss Rehab - Elkins Park
- Willowcrest
- Other _____

Volunteer Type

- Adult
- College Student
- High School Student

All Volunteers must be vaccinated for COVID

PLEASE PRINT CLEARLY

Date __/__/__

PERSONAL INFORMATION:

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY / STATE _____ ZIP _____

PHONE (HOME) _____ (WORK) _____ (MOBILE) _____ (TEXT) _____

EMAIL ADDRESS _____

EMERGENCY CONTACT INFORMATION:

NAME _____ RELATIONSHIP _____

ADDRESS _____

PHONE (HOME) _____ (WORK) _____ (MOBILE) _____ (TEXT) _____

VOLUNTEER EXPERIENCE:

PLACE (S) _____ DATES _____

RESPONSIBILITIES _____

EMPLOYMENT STATUS: EMPLOYED? Y____ N____ FT____ PT____ RETIRED____ UNEMPLOYED____

COMMUNITY INVOLVEMENT: _____

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

CAREER INTERESTS: _____

DO YOU SPEAK ANY FOREIGN LANGUAGES? Yes _____ No _____

WHAT LANGUAGES? _____

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, or pled guilty to, a felony or misdemeanor? (Yes or no) _____

(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.)

PLEASE SHARE WITH US YOUR REASONS FOR WANTING TO VOLUNTEER:

BELOW ARE JUST A FEW OF THE MANY VOLUNTEER OPPORTUNITIES.

PATIENT AREAS (additional opportunities available)

- EMERGENCY ROOM LIASON (Adults only) CLOSED
- PATIENT ESCORT
- EPS – GREETER (EMCP) / FRONT DESK GREETER (EP/MOSS)
- HORTICULTURE AIDE- SACHS CONSERVATORY (EP/MOSS)
- LABORATORY SPECIMEN DELIVERY (EMCM)
- NICU CUDDLER (EMCP / EMCM)
- PATIENT AMBASSADOR (EMCM)
- PATIENT VISITORS
- REACH OUT AND READ / PEDS – (EMCP)

NON-PATIENT AREA

- ADMIN / CLERICAL
- DATA ENTRY
- FILING
- SCANNING
- FOOD SERVICES

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:

- | | | |
|------------------------------------|-------------|-----------|
| <input type="checkbox"/> MONDAY | FROM: _____ | TO: _____ |
| <input type="checkbox"/> TUESDAY | FROM: _____ | TO: _____ |
| <input type="checkbox"/> WEDNESDAY | FROM: _____ | TO: _____ |
| <input type="checkbox"/> THURSDAY | FROM: _____ | TO: _____ |
| <input type="checkbox"/> FRIDAY | FROM: _____ | TO: _____ |

PLEASE READ CAREFULLY BEFORE SIGNING

1. Volunteer placements are contingent upon successfully completing the following: Health Clearance performed by our Employee Health Provider and a PA Criminal Background Clearance, Child Check and Volunteer Orientation as required.
2. I am freely participating as a volunteer at Jefferson/Einstein. I understand that I must abide by all the policies, procedures, and regulations of Jefferson/Einstein.
3. After 1-2 months, a determination will be made as to the appropriateness of the placement for the department and me. At that time, I may meet with the Manager, or their designee 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/Jefferson 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 -Phila

5501 Old York Road

Philadelphia, PA 19141

215-456-6059

volunteers-ehn@jefferson.edu

Volunteer Dept

Einstein -EP / Moss Rehab

60 East Township Line Road

Elkins Park, PA 19027

215-663-6045

epvolunteers@jefferson.edu

Volunteers

Einstein -Montgomery

559 West Germantown Pike

East Norriton, PA 19403

484-622-7074

NFPprograms@jefferson.edu

STAFF NOTES

DATE OF INTERVIEW: _____ NAME OF INTERVIEWER: _____

COMMENTS: _____

DATE OF BIRTH: _____

POSSIBLE PLACEMENTS: _____

	DATE	DATE
VOLUNTEER ROLE		
DEPARTMENT		
CONTACT PERSON / SUPERVISOR		
SCHEDULE		
LOCATION		
PHONE NUMBER		
START DATE		
END DATE		



