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 or Assistant Manager 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

Director of Customer Service
Einstein Medical Center - Montgomery
559 West Germantown Pike
East Norriton, PA 1403
484-622 - 4307
smithsuz@einstein.edu

STAFF NOTES

DATE OF INTERVIEW: _____ **NAME OF INTERVIEWER:** _____

COMMENTS: _____

_____

_____

_____

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			

Einstein
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