



Dear Prospective Volunteer:

Thank you for your interest in becoming an Aria Health volunteer. An exciting experience and special commitment may be about to begin. Volunteerism at Aria Health Hospitals is an integral part of the health care received by our patients. Volunteers have the opportunity to work in a wide variety of hospital departments, including the Information/Reception Desk and various clinical and support services departments.

Application and information sheets are enclosed for your review, completion, and signature. Please return the completed application to the Volunteer Services Department. Prior to placement, applicants are interviewed to assure that your interests, talents, and schedule are considered and are a fit to the needs and schedules of the Hospital departments.

As a Volunteer, you are a vital part of our commitment to provide exceptional patient care and customer service to the patients and communities we serve. Again, thank you for your interest and I look forward to hearing from you.

Sincerely,

Caroline Williams, BA,CHES,CTTS
Director, Volunteer Services

Interview Date/Time _____
Start Date: _____
Assignment: _____

TORRESDALE _____
FRANKFORD _____
BUCKS COUNTY _____

ADULT APPLICATION

Name _____

Home Phone: _____

Address _____

Work Phone: _____

City/State/Zip _____

Cell Phone: _____

Email Address: _____

Referred by _____

Date of Birth: _____

SSN: _____

Can we call you at work? _____

Are you a Student _____ Homemaker _____ Employed _____ Retired _____

Are you currently attending college? _____ If yes, where _____

Are you doing this for credit? ___ Yes ___ No If yes, who is your advisor? _____

What do you plan to do after graduation? _____

Are you available: Weekends _____ Evenings _____ Weekdays _____

VOLUNTEER EXPERIENCE

1. Agency _____ Responsibilities _____

From _____ to _____

2. Agency _____ Responsibilities _____

From _____ to _____

EMPLOYMENT EXPERIENCE

1. Company _____ Responsibilities _____

From _____ to _____

2. Company _____ Responsibilities _____

From _____ to _____

Are you able to perform all functions of the volunteer position for which you are applying, with or without reasonable accommodation? _____ Yes _____ No

If no, please explain: _____

What do you want to gain from your volunteer experience? _____

- | | | |
|--|--|--|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Telephone Work | <input type="checkbox"/> Working Independently |
| <input type="checkbox"/> Selling | <input type="checkbox"/> Services for Patients | <input type="checkbox"/> Varied Duties |
| <input type="checkbox"/> Helping the staff | <input type="checkbox"/> Meeting the Public | <input type="checkbox"/> Being seated mostly |
| <input type="checkbox"/> Clerical Duties | <input type="checkbox"/> Consistent, predictable tasks | <input type="checkbox"/> Driving car for deliver of meals (BC) |

What days and hours (including weekends) are you available? _____

To the best of your knowledge, will you be available as a volunteer for at least six months from this date?
Yes _____ No _____

Have you ever been convicted of a crime? Yes _____ No _____. If yes, please describe the nature of the offense, the date of the offense, and your rehabilitation since conviction. (A conviction record will not necessarily bar you from a volunteer position with the hospital.) The hospital will conduct a criminal background check if you are accepted into the volunteer program.

Is there any other information you would like to offer that would help in the process of placing you as a volunteer? _____

The information I have provided above is accurate to the best of my knowledge.

Date: _____ Signature _____

Return the completed application via Fax to 215- 612-5027 or mail to:

Volunteer Services Department
Aria Health
10800 Knights Road
Philadelphia, PA 19114

IMMUNIZATION POLICY FOR PROSPECTIVE VOLUNTEERS

Frankford Hospitals requires that all employees and volunteers born in or after 1957 show proof of immunity for measles, mumps and rubella.

MEASLES Any one of the following are acceptable as proof of immunity:

- born in or after 1957 - documentation of receipt of two doses of measles containing vaccine (measles, MR, or MMR) given on or after twelve months of age.
- prior health care provider diagnosed measles.
- laboratory evidence of measles immunity.
- born before 1957.

MUMPS Any one of the following are acceptable as proof of immunity:

- born in or after 1957 - documentation of one dose of mumps containing vaccine (mumps or MMR) given on or after twelve months of age.
- documentation of health care provider diagnosed mumps disease.

RUBELLA Any one of the following are acceptable as proof of immunity:

- laboratory evidence of rubella immunity.
- documentation of one dose of rubella containing vaccine (rubella, MR, or MMR).

Anyone unable to show proof of immunity for measles/mumps/rubella, will be required to receive the necessary immunization from their family physician as a condition of volunteering.

Volunteers excluded from measles/mumps/rubella immunization are pregnant volunteers and volunteers with immuno-suppression.

If I can be of any further assistance, please call me at 215-612-4170 (TC).

Caroline Williams, BA, CHES, CTTS
Director, Volunteer Services

(Continued on next page)

THIS IS TO CERTIFY THAT _____

has had the vaccine or immunity from measles, mumps and rubella.

Date

Physician Name (please print)

Physician Signature