WellSpan Evangelical Community Hospital
One Hospital Drive, Lewisburg, PA 17837
Patient Experience: 570-522-2144

Volunteer Application

Date of Application: _____ /_____ /_____ **Gender**: ☐ M ☐ F ☐ Non-binary

Type of Volunteer: ☐ Adult ☐ College Student ☐ High School Student **(must be 18 years or older)**

_____ _____ _____
Last Name First Name MI

_____ _____
Address Line 1 Home Phone

_____ _____
Address Line 2 Cell Phone

_____ _____
City, State, Zip Preferred Name/Nickname (if applicable)

_____ _____ /_____ /_____
Email Address Date of Birth

NOTE: Please do not list an email address if it is not checked regularly. Email will be the primary form of communication.

Education and Work Experience

Level of Education: ☐ High School ☐ Associates ☐ Bachelors ☐ Graduate ☐ Doctorate ☐ Other

_____ _____ _____
Name of school attending/attended Major (if applicable) Grad. Month/Year

Have you ever been employed by WellSpan Evangelical? ☐ Yes ☐ No

If yes, when? _____ Department: _____ Job Title: _____

Are you currently employed? ☐ Yes ☐ No ☐ Retired

_____ _____
Current/Previous Employer Job Title

Have you ever volunteered or are you currently volunteering elsewhere? ☐ Yes ☐ No

If yes, where? _____ Describe experience: _____

_____

_____

Volunteer Interest and Availability

Why do you want to be a volunteer at WellSpan Evangelical Community Hospital?

_____

_____

_____

What skills do you have to bring as a volunteer? _____

_____

What are your volunteer areas of interest at WellSpan Evangelical? (patient care, clerical, info desk, etc.)

_____

What are your hobbies, talents, and interests? _____

_____

When would you be available to volunteer?

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

☐ Mornings ☐ Afternoons ☐ Evenings

Have you ever volunteered at WellSpan Evangelical before? ☐ Yes ☐ No

If yes, when? _____ Area: _____ Reason for leaving: _____

Have you ever pled guilty or been convicted of a misdemeanor or felony? ☐ Yes ☐ No

If yes, when did the offense occur? _____ Nature of crime: _____

Are you required to volunteer? ☐ Yes ☐ No

If yes, by whom? _____ Describe requirements: _____

NOTE: We do not accept volunteers looking to serve court-ordered community service.

Are you willing to commit to at least 50 volunteer hours for a 6-month period? ☐ Yes ☐ No

How did you hear about our volunteer program? _____

If selected to be a volunteer, what size shirt would you need? _____

References

References should not be relatives or anyone who lives in your household. We prefer references to be from places of employment or places where you have previously worked or volunteered. Please note that we may contact your references only if you are selected as a volunteer.

Reference 1:

_____ _____
Full Name Relationship to You

_____ _____
Mailing Address Phone Number

_____ _____
City, State, Zip Email Address

Reference 2:

_____ _____
Full Name Relationship to You

_____ _____
Mailing Address Phone Number

_____ _____
City, State, Zip Email Address

In Case of Emergency

Please list up to two emergency contacts. **At least one contact must be within 30 minutes of the Hospital.**

Primary:

_____ _____
Full Name Relationship to You

_____ _____
City and State Home Phone

_____ _____
Work Phone Cell Phone

Secondary:

_____ _____
Full Name Relationship to You

_____ _____
City and State Home Phone

_____ _____
Work Phone Cell Phone

Volunteer Requirements

Upon submission of this application, I hereby certify that all statements are true and correct to the best of my knowledge and belief. I hereby authorize WellSpan Evangelical Community Hospital to investigate all statements and references contained in this application. I understand that misrepresentation or omission of facts called for herein will be sufficient cause for cancellation of consideration for volunteering or dismissal from WellSpan Evangelical Community Hospital's volunteer program if I have become a volunteer.

If accepted to volunteer, I agree to abide by the rules and policies of WellSpan Evangelical Community Hospital. I understand that if selected to be a volunteer, I will be required to complete the new volunteer process and attend orientation before beginning to volunteer. In connection with my application for volunteering with WellSpan Evangelical Community Hospital, I will complete required paperwork and I understand that investigative background inquiries will be done, including state police criminal record checks and child abuse clearances in compliance with the Pennsylvania Act 153.

I understand that as a new volunteer, I will be required to complete required health screenings and to be in compliance with WellSpan Evangelical Community Hospital's vaccination and masking policies.

I acknowledge and understand that patient information is strictly confidential. All Hospital employees and volunteers have an obligation to maintain patient confidentiality. Information concerning patients must never be discussed by volunteers or shared with other people inside or outside WellSpan Evangelical Community Hospital. I will not seek information regarding a patient. I understand that any violation of the Hospital's policies or failure to abide by the expectations may result in my dismissal as a volunteer at WellSpan Evangelical Community Hospital.

_____

Printed Name

_____ _____

Signature Date

Please mail or email your completed application to the Patient Experience department:

Email: volunteers@evanhospital.com

Mail: **WellSpan Evangelical Community Hospital, Attn: Patient Experience**
1 Hospital Drive, Lewisburg PA 17837