Bryn Mawr Rehab Hospital
Main Line Health®

VOLUNTEER SERVICES
414 Paoli Pike
Malvern, PA 19355

484.596.5599
mainlinehealth.org/rehab

Volunteer Application

Please print all required information

Personal Information

Last Name	First Name	MI	Date of Birth / /
Street Address	City	State	Zip
Home Phone	Cell Phone	Work Phone	Email Address
Preferred method of communication ☐ Home ☐ Cell ☐ Work ☐ Email ☐ Other (please specify)			

Availability

Can you commit to at least 6 months of weekly volunteer service? ☐ Yes ☐ No

Available work hours	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.-Sun.
Morning (8:00 a.m. to 12:00) or (9:00 a.m. to 1:00 p.m.)	☐	☐	☐	☐	☐	☐
Morning/Afternoon (10:00 a.m. to 2:00 p.m.)	☐	☐	☐	☐	☐	☐
Afternoon (12:00 to 4:00 p.m.) or (1:00 p.m. to 5:00 p.m.)	☐	☐	☐	☐	☐	☐

Emergency Contacts

Name	Relationship	Phone
Personal Physician	Phone	Address

Work Experience

Are you currently employed? ☐ Yes ☐ No ☐ Retired (if Yes) ☐ Full Time ☐ Part Time

Employer	Job Title	Phone
Career Experience		

References

1. Name	Address	Phone
2. Name	Address	Phone

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Criminal History

We consider the safety and security of our patients to be of utmost importance. Criminal background checks will be performed at no cost to you.

1. Are you 18 years of age or older? □ Yes □ No

2. Have you ever been convicted of, or pled guilty to, a felony or misdemeanor? □ Yes □ No

(Conviction includes a guilty plea)

If yes, please give exact details of conviction, offenses, where committed, sentencing court, date of sentence and nature of sentence. Please provide these details under separate cover.

Please note: A criminal conviction will not necessarily disqualify you from volunteering but will be considered in relation to specific assignment.)

3. Are you or have you ever been employed by any Main Line Health entity? □ Yes □ No

I certify that the information contained in this application is true and correct to the best of my knowledge and understand that any falsification, misrepresentation or omission on this application is grounds for rejection of this application or for dismissal if such statement is discovered subsequent to an assignment.

I authorize a criminal background check to be conducted on me with the report to be provided to Main Line Hospitals (Bryn Mawr Hospital, Bryn Mawr Rehab., Lankenau Medical Center, Paoli Hospital and Riddle Hospital).

I authorize any of the persons or organizations referenced in this application to give to Main Line Hospitals any and all information concerning my previous volunteer service, criminal background, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties, Main Line Hospitals, Inc., its parent, affiliates, and their respective officers, trustees, directors, agents, and employees from any and all liability for damages for or in connection with the collection, use, release or disclosure of such information. I authorize Main Line Hospitals to request and receive such information.

I agree that if offered an assignment, I will consent to a health screening, including, but not limited, to Tuberculosis testing. I understand that my assignment is conditional upon the satisfactory results of this screening. I also understand I must comply with Main Line Hospitals' policy requiring an annual influenza vaccination.

I understand that I must be punctual and regular in attendance, helpful in my assignment and careful to honor the confidential nature of what I observe. I agree to comply with the rules, regulations, and policies of Main Line Hospitals and the Volunteer Services Department and acknowledge that these rules, regulations and policies may be changed, interpreted, withdrawn, or supplemented at any time, and without prior notice to me. I understand that my service as a volunteer is conditional based on need and satisfactory service, and that either I or Main Line Hospitals may terminate my volunteer service at any time, with or without notice, for any reason. I understand that I will not be compensated for my volunteer service and that being accepted for volunteer service does not give rise to or create an employment relationship with Main Line Hospitals.

Signature of Applicant: _____Date_____

MAIN LINE HEALTH PROVIDES OPPORTUNITIES FOR VOLUNTEERISM WITHOUT DISCRIMIATION DUE TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, ANCESTRY, MARITAL STATUS, SEXUAL ORIENTATION, AGE, GENETIC INFORMATION OR HANDICAP

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Volunteer Reference

_____ has applied for a volunteer position at Bryn Mawr Rehab Hospital. Your name has been given as a personal reference. Please complete this form and return it in the envelope provided. All information you supply will be kept confidential.

Length of time you have known applicant _____

Relationship to applicant _____

How would you rate the following characteristics?

	Superior	*Good*	*Fair*	*Poor*
Ability to follow directions	_____	_____	_____	_____
Reliability	_____	_____	_____	_____
Sound judgment	_____	_____	_____	_____
Exhibits initiative	_____	_____	_____	_____
Honesty/integrity	_____	_____	_____	_____
Ability to work with others	_____	_____	_____	_____

Any other comments or information you think might be helpful will be greatly appreciated. Please inform us about specific strengths or weaknesses of which you might be aware.

_____

_____

_____

_____
Name of Recommender

_____ _____
Telephone Number Date

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Department of Volunteer Services

Statement of Agreement/Confidentiality Statement

I understand and agree that I must be punctual and regular in attendance, helpful in my assignments and careful to honor the confidential nature of what I observe and all other rules and regulations of the Volunteer Department. As a volunteer of Bryn Mawr Rehab Hospital and the Main Line Health system, I may have access to privileged information of a highly confidential nature.

Privileged information consists of, but is not limited to, data regarding the following:

Employees: Salary and demographic information.
Patients: Diagnosis and procedures, content of medical records, and any personal information.
Family members of patients: Any and all personal information.

The confidentiality of privileged information is protected by law, and as a volunteer of the Main Line Health System, it is my responsibility to preserve and protect this confidentiality.

I am responsible for maintaining the strictest confidentiality regarding computer system access and information. This prohibits sharing of sign-on ID/password information and/or providing physical access to a terminal in "active" status. I will only access information on patients/employees about whom I have a business need to know. Likewise, I will discuss information only with employees who have a business need to know. I will not attempt to gain access to areas of the system(s) that are not necessary for the performance of my job.

Any unauthorized disclosure of privileged information, or any confidential information concerning current or past patient, or employee of the Main Line Health System, may result in immediate discharge from service with the System, and possible legal action against me.

I certify that the information on this application is true and correct to the best of my knowledge. I understand any falsification on this application may be considered cause for rejection. I give permission to Bryn Mawr Rehab Hospital to investigate the information contained in this application, including inquiries of Law Enforcement agencies, agencies where I have previously volunteered, and the U.S. Government to release information on me to Bryn Mawr Rehab Hospital.

Signature of Applicant: _____Date_____

Print Name: _____