

**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?

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What skills do you have to bring as a volunteer? \_\_\_\_\_

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

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What are your hobbies, talents, and interests? \_\_\_\_\_

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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.

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Printed Name

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Signature

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Date

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

**Email:** [volnorth@wellspan.org](mailto:volnorth@wellspan.org)

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