



# Penn Medicine

Chester County Hospital

## VOLUNTEER APPLICATION

Ms.  
Mr.  
Mrs. \_\_\_\_\_ Phone # \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_ (month/day) Work # \_\_\_\_\_

Email Address \_\_\_\_\_ Cell phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Are you currently: (circle one) Employed Retired Other \_\_\_\_\_

Are you currently: College Student High School Student Graduation Year: \_\_\_\_\_

Name of School: \_\_\_\_\_

Other: \_\_\_\_\_

**Education:** \_\_\_\_\_

**Employment:**

Please list your most recent employer:

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Occupation \_\_\_\_\_

**Volunteer Experience:**

Please list your most recent volunteer experience:

Agency \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Responsibilities \_\_\_\_\_

Other Volunteer Experiences: \_\_\_\_\_

What is your availability to volunteer at CCH? \_\_\_\_\_

\_\_\_\_\_

How did you learn of the volunteer opportunities at CCH? \_\_\_\_\_

\_\_\_\_\_

Do you have any special skills; talents and/or hobbies you would be willing to share as part of your volunteer service? If yes, please provide details? \_\_\_\_\_

\_\_\_\_\_

Are you a member of a Chester County Hospital Auxiliary? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which one? \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you ever been excluded from participation in the Medicare, Medicaid programs or any other federal health care program? Yes \_\_\_\_\_ No \_\_\_\_\_

**Two References (not relatives):**

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Years Acquainted \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Years Acquainted \_\_\_\_\_

I hereby authorize persons, previous employers and organizations named in this application to provide this facility with any relevant information. I release all such persons from any liability regarding the use of this information.

I understand and will abide by the rules and regulations including, but not limited to uniform, medical statements, training requirements, and privacy regulations of Chester County Hospital.

I understand should my personal, contact or demographic information should change while I am a CCH volunteer, I am obliged to immediately inform the Volunteer Services Department.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**FOR COURT ORDERED HOURS ONLY:**

OFFENSE \_\_\_\_\_

# Of Hours Needed \_\_\_\_\_ Deadline \_\_\_\_\_

PROBATION OFFICER \_\_\_\_\_