



VOLUNTEER APPLICATION

Please print neatly

3551 North Broad Street
Philadelphia, PA 19140
215-430-4031 office
215-430-4180 fax
Volunteer_Phila@shrinenet.org email

Name _____ Date of Birth _____

Address _____
(Street) (City) (State) (Zip Code)

Telephone _____ Have you had the chicken pox? Yes No
(Home) (Cell)

E-mail Address: _____

Notify in an emergency: _____

Relationship _____ Telephone _____

Education: (Please circle highest grade completed) High School: 9 10 11 12 College 1 2 3 4

Occupation: Please check one: () Employed/School () Unemployed () Retired

Students: Are you completing this for service hours or credit? If yes, please explain _____

If employed / going to school, where? _____

Major Work Experience: _____

Volunteer Experience: () Yes () No If yes, list and describe duties.

Clubs/Organizations affiliated with:

Please add any additional information about yourself:

How did you become interested in Shriners Hospitals for Children?

REFERENCE (other than relatives) complete addresses are needed.	
Name:	Relationship:
Address (City, State, Zip Code):	
Email address:	

See page 2 to complete application

May 2014

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Please list the times you are available to volunteer:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Volunteer Positions- Please circle the position you are interested in.

Clerical Duties / Greeters:

Available in select departments, volunteers will be trained by the department to assist in welcoming families to the department. Some of the volunteer work may include checking in the patient, assisting with medical charts, and light filing. Other duties include giving directions on how to get to somewhere in the hospital. A pleasant smile is encouraged for this position.

Recreational Therapy / Child Life Volunteers:

Volunteers will work with the Recreational Therapists/Child Life Specialists adding to the activities that take place during the patients' stay. Some of the volunteer work may include setting up activities, playing games and interacting with the patients and families, tidying play areas, restocking play materials (putting away new toys in the closet), and distributing Welcome Bags. It is encouraged for evening and weekend recreational therapy /child life volunteers to buddy up with a friend to volunteer, as it makes the experience more wholesome.

Please note that we do not have positions for volunteers to shadow our physicians, occupational or physical therapists.

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, disability or veteran status. My signature below authorizes the release of reference information and affirms all the facts set forth in my application for volunteering are true and complete. I understand that if accepted, false statements, omissions, or other misrepresentation by me on this application may result in immediate dismissal. The process of volunteer applications may take a few weeks depending on your reference check returns. Thank you for completing this application form and for your interest in volunteering with us. All the information recorded above is considered confidential.

(Signature)

(Date)

Please return via mail, email or fax. Contact information is on the top of page 1 of application.

For Office Use Only

Confirmed on: _____

Start Date: _____

- Confidentiality Drug Screening FBI Fingerprinting Child Abuse Clearance
 Background Check ID Badge Immunizations HIPPA Sign-In Sheet

May 2014