



Dear Volunteer Applicant,

Thank you for your interest in volunteering at Weisman Children's Rehabilitation Hospital. We are excited that you are considering becoming a part of our dedicated team.

Volunteers at Weisman Children's Rehabilitation Hospital fulfill a significant role in completing the circle of care provided to the children, adolescents, young adults, and their families. As part of the healthcare team, volunteers complement the care of the professional staff in assuring that the needs of patients and families are met. Volunteers provide services through a variety of programs and help our patients to cope with illness and hospitalization. Whether it's reading a story to a child, doing an art project with a teenager or rocking an infant to sleep, volunteers make a big difference!

Volunteer Commitment:

- Be 16 years of age or older
- Complete the application
- Make a time commitment of a minimum of two hours per week for a minimum of three months (hours are available in the mornings, afternoons, evenings, and weekends). We will work together to develop a schedule that will meet everyone's needs.

To join our volunteer team:

- Complete and mail application to the attention of the Volunteer Coordinator at the Marlton location.
- Once your application is received, you will receive a packet which includes criminal history form, information on TB Testing form (These tests can be completed with our infection control nurse at no cost to you, or you may elect to use a private physician and submit signed TB screening and Tuberculin test forms), Medical Questionnaire, Physical Form, and References.
- After all forms are complete you must contact the volunteer manager to schedule an orientation. All forms will be collected at that time.

Thank you once again for your interest and I look forward to hearing from you soon!

Sincerely,

Rose Lynch  
Volunteer Manager  
856-489-4520 ext 240  
[volunteerservices@weismanchildrens.com](mailto:volunteerservices@weismanchildrens.com)



## Student Volunteer Application

**Please open this application, fill in all of the fields on the form, save to your desktop and print out application to be signed. The application will be collected at the time of the tour.**

Date of Application

Full Name

Address

City

State

Zip

Home Phone Number

Cell Phone Number

Email Address

Age

Name of School

Grade

What is the best way to contact you?

Cell

Home

Email

Emergency Contact Name

Emergency Contact Phone Number

Emergency Contact Relationship

### Area's of Interest

**Check your placement(s) of choice:**

TR/Child Life

Waiting Room Reception

Medical Day Care

Adapted Aquatics Swim Buddy

Therapy (PT/OT/ST)

Clerical/Administrative

Dietary/Nutrition

Is volunteer work for school credit or religious classes?

Yes      No

If yes, number of hours required

By what date?

Do you have volunteer experience? Where? Please Describe

Are there any health reasons that might limit your ability to Volunteer?

Yes      No

If yes, please explain

Do you have any special skills/interests/hobbies (i.e. music, art, sports, ect)

Please briefly describe why you are interested in volunteering for WCRH and what you hope to gain from your volunteer experience.

Have you ever been convicted of a law violation (excluding traffic violations)?

Yes      No

If yes, please explain

How did you hear about our volunteer program?

Newspaper      Friend/Relative      School      WCRH Website  
Other

## Statement of Understanding

1. I certify that all statements made in this application are true to the best of my knowledge.
2. I understand that Weisman Children's Rehabilitation Hospital reserves the right to accept or reject my application in its sole discretion.
3. I understand that I will be required to have a health screening and examination.
4. I understand that I will be required present copies of my immunization records & written verification from my personal physician of **two MMR vaccines (measles, mumps, and rubella) OR titers for each disease and verification of immunity to the chicken pox disease.**
5. I understand that I will be required to have a 2 step Mantoux Tuberculosis Skin Test.
6. I understand that I will have to undergo a Criminal Background Check.

By signing my name below, I agree to the above and understand that any misrepresentations, falsification, misleading statements or omission of facts made by me may result in disqualification from further consideration for volunteering at WCRH.

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Signature of Applicant	Date
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Parent or Guardian Name	Signature of Parent or Guardian	Date
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I authorize and permit representatives of Weisman Children's Rehabilitation Hospital to photograph, videotape, record, conduct media interviews and/or publish my statements, images of myself.

I agree to the use and reproduction of pictures, statements and images of myself or my child for advertising, publicity, newspapers, television and/or radio broadcasts; books, brochure, magazines, and newsletters; and videotapes or motion pictures.

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Signature of Applicant	Date
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Parent or Guardian Name	Signature of Parent or Guardian	Date
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