



Please submit completed application to:
Chandler Hall Health Services
Attn: Volunteer Office
99 Barclay Street Newtown, PA 18940
(215) 860-4000 x 2296
volunteers@ch.kendal.org

**STUDENT VOLUNTEER APPLICATION
For Volunteers 15-18**

Referral Source: Advertisement Employee Relative Court Directed
 Walk-In Teacher Friend Other

Name of Source _____

Name

_____ Last First Middle

Address

_____ Number & Street City State Zip

Home Phone _____ Cell Phone _____

E-Mail _____ Birth Date ____ / ____ / ____

Preferred method of contact: Home Phone Cell Phone Email

How would you prefer to receive the volunteer newsletter? Email Regular mail

School _____

PARENT SECTION

My son/daughter is applying to volunteer at Chandler Hall in the Student Volunteer Program with my full knowledge and approval.

Parent/ Guardian Name (please print) _____

Signature _____ Date ____ / ____ / ____

Home Phone _____ Work Phone _____

If you know of any other information that is necessary for us to have, please share it below.
All information is strictly confidential.

VOLUNTEER AVAILABILITY

Most opportunities are 1 - 2 hours at a time. If you miss two scheduled visits without cancelling, we cannot guarantee further volunteer opportunities. Please indicate the days and times you are available to volunteer in as much detail as possible:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

Chandler Hall encourages a regular volunteering schedule. If there are dates you are unavailable to volunteer because of vacations or other commitments please list:

Are you volunteering to fulfill required hours? Yes No

If yes, please describe program requirements: _____

Number of hours needed: _____ Deadline for completion of hours: _____

* If applicable, please include any additional paperwork that needs to be completed by the Volunteer Coordinator with your application.

VOLUNTEER INTERESTS

Please explain your interest in volunteering for Chandler Hall (attach separate page if needed):

Please indicate in which area(s) of Chandler Hall you would like to volunteer:

* Please note: you must be 16 or older to volunteer with Child Development.

Child Development Clerical 1-on-1 with Residents Group Gatherings Special Events

At Chandler Hall, we ask that our volunteers bring their own interests and abilities to their volunteer time. This adds both enrichment and diversity to the experience for our residents as well as enjoyment for our volunteers. Please indicate below those interests or skills that you would like to share with Chandler Hall.

POLICY ON TIPPING AND CONFIDENTIALITY

Chandler Hall values each and every volunteer member as an integral part of its quality team. There are team members who are visible on a daily basis and those who are never seen. However, everyone is needed to provide our services.

Volunteer members are instructed to refuse any tip or other gift offered to them by a resident or a resident’s family member, including any gift made to a volunteer under a resident’s will. Acceptance of money or any other gift is in violation of this policy and will result in discharge.

Information concerning residents’ identity, diagnosis, family problems or lifestyle is considered confidential and shall not be discussed or otherwise passed on to an individual outside of Chandler Hall.

I have read and understand the policies stated above. As a volunteer, I accept their provisions and acknowledge that violation of this policy is grounds for immediate discharge.

Signature of Student _____ Date _____

PHOTOGRAPH AND VIDEO RELEASE

I give Chandler Hall Health Services, a non-profit healthcare provider, my permission to take photographs and video recordings of me. These photographs and videos may be reproduced and used in promotional brochures, reports, and news releases. The photographs and videos can also be used for documentation and display purposes within the Volunteer Department and other areas of Chandler Hall Health Services. I hereby release and discharge Chandler Hall and its employees, agents, and representatives from any claims, liability, or results caused by the use of such photographs and videos.

Name _____

Signature & Date _____

Parent’s Signature & Date _____

Chandler Hall Health Services is a private, non-profit organization that provides a continuum of care which operates under the guidance of the Society of Friends (Quakers). Chandler Hall does not discriminate on the basis of race, creed, religion, color, national origin, ancestry, age, sex, sexual orientation or handicap.

These signed forms will be maintained in each volunteer’s personnel file.

I hereby give permission to release the following information about my child to the Volunteer Office at Chandler Hall Health Services.

Parent/Guardian Signature & Date _____

SCHOOL COUNSELOR / TEACHER RECOMMENDATION

Note: Information supplied will be kept confidential.

Student's Name _____

Last

First

Middle

Current Grade _____

School Attendance Good Poor

School Punctuality Good Poor

Is the student passing all major subjects? Yes No

Characteristics	Outstanding	Above Average	Average	Poor
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Alertness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I recommend this student for volunteer services: Yes No

Please note at least two characteristics that may help determine a good placement for this student as a Student Volunteer at Chandler Hall.

Counselor / Teacher (please print name) _____

Signature & Date _____

School _____ Phone _____