

Confidential Reference Form for Adult Volunteers

_____ (applicant to fill in name) has applied for a volunteer position at one of the facilities below that are part of the Lehigh Valley Health Network. Hospital volunteers must possess self-motivation, dependability, good character and be able to work with people of all ages and cultures. Please complete this reference form and return it so that we may make a decision on the applicant's ability to fulfill the responsibilities involved in our volunteer program.

Please mail, fax or email the appropriate site listed below. If you have any questions regarding completion of the reference form, please call 610-969-2850 for all sites. **All information provided will be kept confidential.** Please note that this applicant will not be considered until references are completed.

Applicant should check off the desired site below:

- | | |
|---|--|
| <input type="checkbox"/> Lehigh Valley Hospital-Cedar Crest
Volunteer Services Department
1200 S. Cedar Crest Blvd.
Allentown, PA 18105
Fax: 610-402-1035
Ruth.Brown@lvhn.org | <input type="checkbox"/> Lehigh Valley Hospital-Schuylkill
Volunteer Services Department
700 East Norwegian Street
Pottsville, PA 17901
Fax: 610-402-1035
Ruth.Brown@lvhn.org
Tracy.Ambrose@lvhn.org |
| <input type="checkbox"/> Lehigh Valley Hospital-Muhlenberg
Volunteer Services Department
2545 Schoenersville Road
Bethlehem, PA 18017
Fax: 484-884-2255
Lynn.Schaeffer@lvhn.org | <input type="checkbox"/> Lehigh Valley Hospital-Pocono
Volunteer Services Department
206 East Brown Street
East Stroudsburg, PA 18301
Fax: 570-422-8111
Pinar.Kochar@lvhn.org |
| <input type="checkbox"/> Lehigh Valley Hospital-17th & Chew St.
Volunteer Services Department
1627 West Chew Street
Allentown, PA 18104
Fax: 610-969-2483
Valerie.Hutton@lvhn.org | <input type="checkbox"/> Lehigh Valley Hospice
2024 Lehigh Street
Suite 100
Allentown, PA 18103
Fax: 610-402-7911
Lynn.Schiavone@lvhn.org |
| <input type="checkbox"/> Lehigh Valley Hospital-Hazleton
700 E. Broad Street
Attn: MaryEllen Cortese
Hazleton, PA 18201
Fax: 570-501-4954
Maryellen.Cortese@lvhn.org
Tracy.Ambrose@lvhn.org | |