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:

- Lehigh Valley Hospital-Cedar Crest Volunteer Services Department
  1200 S. Cedar Crest Blvd.
  Allentown, PA  18105
  Fax:  610-402-1035
  Ruth.Brown@lvhn.org

- Lehigh Valley Hospital-Muhlenberg Volunteer Services Department
  2545 Schoenersville Road
  Bethlehem, PA  18017
  Fax:  484-884-2255
  Lynn.Schaeffer@lvhn.org

- Lehigh Valley Hospital-17th & Chew St. Volunteer Services Department
  1627 West Chew Street
  Allentown, PA  18104
  Fax:  610-969-2483
  Valerie.Hutton@lvhn.org

- Lehigh Valley Hospital-Hazleton
  700 E. Broad Street
  Attn:  MaryEllen Cortese
  Hazleton, PA  18201
  Fax:  570-501-4954
  Maryellen.Cortese@lvhn.org

- Lehigh Valley Hospital-Schuylkill Volunteer Services Department
  700 East Norwegian Street
  Pottsville, PA  17901
  Fax:  610-402-1035
  Ruth.Brown@lvhn.org

- Lehigh Valley Hospital-Pocono Volunteer Services Department
  206 East Brown Street
  East Stroudsburg, PA  18301
  Fax:  570-422-8111
  Pinar.Kochar@lvhn.org

- Lehigh Valley Hospice
  2024 Lehigh Street
  Suite 100
  Allentown, PA  18103
  Fax:  610-402-7911
  Lynn.Schiavone@lvhn.org

- Lehigh Valley Hospital-Hazleton
  700 E. Broad Street
  Attn:  MaryEllen Cortese
  Hazleton, PA  18201
  Fax:  570-501-4954
  Maryellen.Cortese@lvhn.org
Confidential Volunteer Reference Form

Prospective Volunteer Name: ________________________________

How long have you known the applicant?

In what capacity have you known the applicant?

Describe the applicant’s reliability and willingness to make a commitment such as this: Do you feel the applicant is a reliable individual? If no, please explain.

Are you aware of any concerns that may limit the applicant?

Do you have any reservations about recommending the applicant for placement in a healthcare setting such as ours? If yes, please explain.

Describe the applicant’s greatest assets:

Does the applicant interact well with individuals who are from different backgrounds? If no, please explain.

Additional comments:

Your name (please print): ________________________________

Email Address: _________________________________________

Contact number: ________________________________________

Signature: _____________________________________________

Date: _________________________________________________

Please mail, email or fax reference to facility indicated on the first page.

Revised August 10, 2020