



**Volunteer Services**  
 Levindale Hebrew Geriatric Center and Hospital  
 2434 West Belvedere Avenue  
 Baltimore, MD 21215-5299  
 www.lifebridgehealth.org  
 Telephone: 410-601-2260 Fax: 410-601-8029

Levindale Hebrew Geriatric Center and Hospital  
 Courtland Gardens Nursing & Rehabilitation Center

**VOLUNTEER APPLICATION**

Name: Mr./Mrs./Ms. \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_

**EDUCATION** (Please circle last year completed)

High School: 1 2 3 4 College: 1 2 3 4 Other: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

**AVAILABILITY** (Please check preferred days and enter time of day)

Mon \_\_\_\_\_  Tue \_\_\_\_\_  Wed \_\_\_\_\_  Thu \_\_\_\_\_  Fri \_\_\_\_\_  Sun \_\_\_\_\_

I want to volunteer with my family. Children's age(s) \_\_\_\_\_

**INTERESTS**

- Assist with recreation activities/groups
- Provide instrumental/vocal talent
- Distribute magazines/books
- Friendly visiting
- Eden pet visits
- Escort residents (on and off site)
- Clerical office support
- Horticulture aide
- Other

Do you speak language(s) other than English? If yes, what language(s)? \_\_\_\_\_

Why do you want to volunteer? \_\_\_\_\_

How did you hear about the volunteer program at Levindale/Courtland? \_\_\_\_\_

**REFERENCES** (Not family members. One reference should be from work or volunteering.)

Name _____	Name _____
Phone _____	Phone _____
Relationship _____	Relationship _____

**Please read and sign:**

Facility rules and ethics apply to volunteers the same as the professional staff. Violations of Customer Service Standards, release or sharing of patient information and/or facility business and non-compliance with other facility policies and procedures can result in counseling and possible termination from an assigned position.

As a Levindale/Courtland volunteer, I understand and agree to:

- Be punctual and conscientious in the performance of assigned duties.
- Commit to at least 100 hours a year, unless otherwise stated.
- Conduct myself with dignity, courtesy, and respect for others utilizing Levindale/Courtland Customer Service standards.
- Discuss concerns and complaints with the Volunteer Coordinator or my immediate supervisor.
- Attend required volunteer education programs.
- Adhere to the medical requirements of Levindale/Courtland.
- Portray a positive volunteer presence by adhering to the Volunteer Services Department dress code including wearing an ID badge at all times.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_