

**CONFIDENTIAL REFERENCE FORM FOR 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-Pocono  
Volunteer Services Department**  
206 East Brown Street  
East Stroudsburg, PA 18301  
Fax: 570-422-8111  
**Beth.lutz@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-Hazleton  
Volunteer Services Department**  
700 E. Broad Street  
Hazleton, PA 18201  
**Tracy.Ambrose@lvhn.org**
- Lehigh Valley Hospital-17<sup>th</sup> & Chew St.  
Volunteer Services Department**  
1627 West Chew Street  
Allentown, PA 18104  
Fax: 610-969-2483  
**Jessica.mcnamara@lvhn.org**
- Lehigh Valley Hospice**  
2024 Lehigh Street, Suite 100  
Allentown, PA 18103  
Fax: 610-402-7911  
**Lynn.Schiavone@lvhn.org**
- Lehigh Valley Hospital-Schuylkill  
Volunteer Services Department**  
700 East Norwegian Street  
Pottsville, PA 17901  
**Tracy.Ambrose@lvhn.org**
- Lehigh Valley Hospital-Hecktown Oaks  
Volunteer Services Department**  
3780 Hecktown Road  
Easton, PA 18045  
Fax: 484-884-2255  
**Lynn.Schaeffer@lvhn.org**
- Lehigh Valley Hospital – Carbon  
Volunteer Services Department**  
2128 Blakeslee Blvd Drive E  
Lehighton, PA 18235  
**Tracy.Ambrose@lvhn.org**
- Lehigh Valley Hospital – Dickson City  
Volunteer Services Department**  
330 Main Street  
Dickson City, PA  
Fax: 570-422-8111  
**Beth.lutz@lvhn.org**

**Prospective Volunteer Name:** \_\_\_\_\_

How long have you known the applicant?

In what capacity have you known the applicant? **(References from family members not accepted)**

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, e-mail or fax reference to facility indicated on the first page.**

Revised August 9, 2019