

Dear Prospective Volunteer,

Thank you for your interest in volunteering for Lourdes Medical Center of Burlington. As a Medical Center volunteer, you become an integral part of our team. Your efforts benefit the Medical Center in continuing its commitment to excellence while providing you with the personal satisfaction of contributing to the welfare of those in need.

The volunteer process begins by completing and returning the enclosed forms. After all forms are received, you will be called to arrange an interview to come in and discuss your interests and our open opportunities. The enclosed forms are:

- **Volunteer Application** both sides are to be completed and signed by you as well as a parent or guardian.
- **2 (two) Personal Reference forms** must be received prior to an interview and must be returned by your personal references. A reference may be a colleague, supervisor, teacher, pastor or other person that knows you well and for at least 1 (one) year. **Please do not use family.**
- **Student Guidance Reference Form** must be completed and returned by your guidance counselor.
- **Medical Clearance form** must be completed and returned by your personal physician.

**Once accepted into the program you must attend a volunteer orientation** prior to beginning your assignment. Your orientation will be scheduled at the time of your interview.

**All new volunteers must receive a PPD test to test for Tuberculosis** prior to beginning a volunteer assignment, as well as a follow-up test one week after your start date. This test is done here in the hospital at no charge to the volunteer.

Send your application to the Volunteer Department in the enclosed envelope. **All other forms must be returned by your Personal References and Physician to my attention.**

If you have any questions regarding the above, please feel free to call me at 609-835-3045.

Once again, thank you for your interest and I look forward to hearing from you soon.

Sincerely,

Ceil VanEmburch, Director  
Volunteer & Hospitality Services

Enc.

Filename: Teen Application packet letter 2010.doc  
Directory: C:\Documents and Settings\MCCOYJ\Desktop\Volunteer  
info 2010\lmcbc  
Template: C:\Documents and Settings\MCCOYJ\Application  
Data\Microsoft\Templates\Normal.dot  
Title: December 31, 2009  
Subject:  
Author: vanenburghe  
Keywords:  
Comments:  
Creation Date: 4/22/2010 10:14:00 AM  
Change Number: 2  
Last Saved On: 4/22/2010 10:14:00 AM  
Last Saved By: MCCOYJ  
Total Editing Time: 1 Minute  
Last Printed On: 4/22/2010 10:18:00 AM  
As of Last Complete Printing  
Number of Pages: 1  
Number of Words: 335 (approx.)  
Number of Characters: 1,698 (approx.)