

Dear Adult Applicant:

We are pleased to learn of your interest in the Volunteer Program at Community Medical Center. Please fill out the attached application and return it to the Volunteer Resource Center at your earliest convenience.

We will be contacting you to schedule a personal interview. This will provide an opportunity for us to identify your interests, your skills and your available schedule. We will then discuss the areas of the hospital in which you may be assigned and together we will select a position that will meet with your approval.

All new volunteers are required to attend a general orientation program, submit to a criminal background check and medical screening prior to beginning their volunteer assignment.

Volunteers are very special people and we appreciate your desire to serve Community Medical Center in such a special way. Your completed application can be mailed, or faxed. Again, we thank you for your interest and we look forward to meeting you.

Sincerely,

Cherrell S. Smalls, Manager
Volunteer Resource Center
Cherrell.Smalls@rwjbh.org
732-557-8000 ext: 11256
732-557-4060 (fax)

ADULT VOLUNTEER APPLICATION

Date of Application: _____

We would appreciate you filling in and returning this form to the Volunteer Office. We will contact you to arrange an interview.

PERSONAL INFORMATION (please print)

Mr. _____ Marital Status: Single Married Widowed

Mrs. _____

Miss _____

Last Name First MI Nickname Spouse Name

Home _____

Address _____ Phone _____

Street

City

State

Zip E-mail address

Birth Date _____

Personal Physician _____

Name

Phone

Address

Please give us the name, address and telephone number of someone who can be notified in case of emergency

Name

Address

Relationship

Home Phone

Business Phone

VOLUNTEER EXPERIENCE

Have you ever volunteered before? Yes _____ No _____ If yes, please list the last two organization (s)

_____ From: _____ To: _____

name/address/phone

_____ From: _____ To: _____

name/address/phone

How were you referred to Community Medical Center to volunteer? _____

BACKGROUND

- Currently Employed Currently unemployed Retired

Employer _____ Work Phone _____

Occupation _____

Education _____

COMMITMENT

Volunteer work preferred:

- Patient Contact Delivery Services Clerical/Reception
 Silver Spoon Patient Feeders Cashier/Sales

Are you available year round? Yes _____ No _____ If no, when? _____

Time (s) and Day (s) available for volunteer service. Please specify hours that you can volunteer.

	Sun	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
Morning							
Afternoon							
Evening							

I have completed this application to the best of my knowledge, and verify its contents. I hereby authorize Community Medical Center to investigate all statements. I am also authorizing Community Medical Center to contact employers and/or volunteer organizations listed to verify statements or provide information.

Applicant signature _____ Date: _____

FOR VOLUNTEER RESOURCE CENTER USE ONLY

Date application received _____

VOLUNTEER RESOURCE CENTER

REFERENCE RELEASE

Please list the names, addresses and phone number of three references.

*Completion of the application in no way guarantees a volunteer position with our organization

Please sign and date this release:

I authorize Community Medical Center Volunteer Office to contact my former employer(s), schools, companies corporations, law enforcement agencies and other persons who can verify or provide information on my volunteer application. Further, I release from liability such former employer (s), schools, companies, law enforcement agencies, and other persons contacted by and providing information to Community Medical Center. A copy of this authorization shall be as valid and binding as the original.

Signature

Date

CERTIFICATION OF TRUTH AND COMPLETENESS

I certify that all information given by me, in this history is true and complete and that I have not knowingly withheld any pertinent facts. I understand that giving any false information or omitting and pertinent data, may be cause for my release by the hospital.

Volunteer Signature _____

Date _____