

Patrick Ahearn
Chief Executive Officer

Dear Junior Applicant:

Thank you for your interest in our Junior Volunteer Program. Please fill out the enclosed application and return it to the Volunteer Office at your earliest convenience. We will then forward a special evaluation form to your Guidance Counselor, after receiving a response from your school we will set up an interview. Working papers are now required by the NJ Department of Labor and Workforce Development, which can be obtained in the Guidance Department.

During the interview, we will discuss the areas of the hospital in which you may be assigned and the policies related to the Junior Volunteer Program. This will also be an opportunity for us to get to know you, your interests, skills, and future goals.

In order to become a Junior Volunteer, you must be 14 years of age, and a high school student in good standing. We will schedule a personal interview with you; you will secure medical clearance, provide us with a copy of their immunization record, and successfully complete the hospital's orientation and training program. Volunteers must commit to at least four hours of volunteer service weekly, be able to guarantee transportation and adhere to the rules and regulations of Community Medical Center and remain in good standing with school. A three-month probationary period is required prior to receiving a permanent assignment. Applicant must do 100 hours of service before any letter of community service recommendation can be acquired.

We appreciate your desire to be of service to Community Medical Center and look forward to meeting you. Should you wish to contact us, you may call (732) 557-8000 ext. 11256 or email Cherrell.Smalls@rwjbh.org.

Sincerely,

Cherrell S. Smalls, Manager
Volunteer Resource Center

JUNIOR VOLUNTEER APPLICATION

Date of Application _____ Age at time of application _____

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

(please print)

PERSONAL INFORMATION

SEX: MALE FEMALE

Last name First M.I. Nickname

Address _____ Home phone _____
Street

City State Zip Code E-mail address _____

Birth Date _____

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

Name	Address	Relationship
Home phone		Work phone

BACKGROUND

Current School _____ Grade: _____ Guidance Counselor: _____
Address _____ Phone# _____

VOLUNTEER EXPERIENCE

Have you ever volunteered before? Yes ___ No ___ If yes, for what organization (s)?

From: _____ To: _____

From: _____ To: _____

Were you referred to Community Medical Center by a friend/relative: Yes ___ No ___

I am interested in volunteering for the following reasons: _____

JUNIOR VOLUNTEER APPLICATION

COMMITMENT

Volunteer work preferred:

Working directly with patients Clerical Reception Delivery

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

Time of day and Day(s) available for volunteer service:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

On what date can you begin your volunteer service? _____

I, the Junior Volunteer applicant, agree to adhere to the rules and regulations set forth by the Volunteer Department of Community Medical Center.

Applicant Signature

Date

Parent's/Guardian's Permission

I hereby give my permission for my daughter/son to join the Junior Volunteer Program at Community Medical Center and to work as a Junior Volunteer in whatever services she/he is assigned at the Medical Center. I realize the responsibility of the organization and will cooperate with my daughter/son to comply with its regulations, which includes providing her/his transportation and seeing that she/he faithfully maintains her/his scheduled time of service.

Parent's/Guardian's

Signature: _____ Date: _____

REFERENCE RELEASE

PLEASE LIST THE NAMES, ADDRESSES AND PHONE NUMBER OF TWO REFERENCES, EXCLUDING FAMILY MEMBERS.

PLEASE SIGN AND DATE THIS RELEASE

I authorize Community Medical Center Volunteer Resource Center to contact references from an adult, other than family members, such as a teacher, coach, minister, or director of organization you belong to.

Signature of parent/guardian

date

Dear Parent/Guardian:

Your daughter/son is applying to become a Junior Volunteer at Community Medical Center. In order to be considered for our program, the applicant must be at least 14 years of age and attending High School. As standard procedure, a recommendation form will need to be completed by your daughter/son guidance counselor. This form will be sent by the Volunteer Department.

The law states that when a student is under 18, parental permission must be obtained before school records can be released. Please sign the form below so that we can request recommendation from your daughter/son guidance counselor. This form must be returned to the Volunteer Department along with the application.

If you have any questions, please feel free to contact us at 732-557-8000 at ext. 11256 or Cherrell.Smalls@rwbh.org.

Thank you for your cooperation.

Sincerely,

Cherrell Smalls,
Manager
Volunteer Resource Center

To: Guidance Department

School

I, the undersigned, hereby authorize release of school records of the following student:

Student's Name _____

Year of graduation _____

Signed: _____

Parent/Guardian

****The New Jersey Division of wage and Hour Compliance requires all teen volunteer ages 14 – 18 or as long as they are still in school) to have working papers. They can be picked up in your child's Guidance Department.***

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