

**Department of Volunteer Services**  
**Student Application**  
(14 – 17 years of age)

**APPLICANT INFORMATION**

First Name:	Last Name:	
Current Address:	Apt#:	
City:	State:	Zip:
Date of Birth (Month and Day):	Phone:	
Email:	Cell:	

**SCHOOL INFORMATION**

Name:	Phone:	
Address:	Zip:	
City:	State:	Zip:
Current Grade:	Expected Graduation Date:	
Guidance Counselor's Name:		

**EMPLOYMENT INFORMATION**

Current or Most Recent Employer:		
Employer Address:	Dates Employed:	
City:	State:	Zip:
Phone:	Fax:	Email:

**EMERGENCY CONTACT**

Name of Guardian:	Relationship:	
Address:		
City:	State:	Zip:
Phone:	Alternate Phone:	

**PHYSICIAN INFORMATION**

Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	Email:

**REFERENCE**

<i>Personal or Professional Reference – An Adult, Non Family</i>		
Name:	Relationship:	
Company:		
Address:	Apt #:	
City:	State:	Zip:
<i>Providing an Accurate Address Will Allow For Speedy Processing</i>		

**EXTRA CURRICULAR ACTIVITIES**

Volunteer Experience:
Organizational Affiliations:
School Activities:

**SKILLS**

Special Skills:
Languages Spoken (fluently):
Would you be willing to provide NON-MEDICAL translation services to patients/families/visitors?

**PREFERENCES/INTERESTS**

Type of Volunteer Work Desired (if known):
Are you comfortable interacting with patients?                      Yes            No            Unsure
Is there work you are unable or unwilling to perform?

**AVAILABILITY**

Please circle all that apply:    Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday
Time Availability:                      Morning                      Afternoon                      Evening (until 7PM)
Specify Hours Desired:                      Available to Start:
Are you available throughout the year?                      If no, when are you NOT available?
Is volunteer work a requirement for school credit or religious classes?
If so, number of hours required?                      Date by which hours must be completed:

**REFERRALS**

How did you learn of volunteer opportunities at Jersey City Medical Center?
Brochure    Newspaper    Website    Bulletin Board    Community Presentation    School    Other
If referred by Barnabas employee or volunteer, please specify name, location and relationship:

**APPLICANT'S AUTHORIZATION**

I certify that the above information is true and complete and I authorize Barnabas and/or its entities to investigate any and all statements that I have made. I understand any false statement on this application may be considered cause for rejection of this application or immediate termination if my volunteer assignment has begun. I understand that completion of this application and/or interview/screening process is not a promise of an offer of assignment.	
Signature of Applicant:	Date:

**GUARDIAN CONSENT**

I hereby give permission for this applicant to perform volunteer service at Jersey City Medical Center. I understand the responsibilities involved and will support my son/daughter in their volunteer efforts.	
Print Name:	
Signature:	Date: