

Mary Ellen Clyne, PhD  
President and Chief Executive Officer

APPLICATION FOR VOLUNTEER SERVICE

Date: \_\_\_\_\_

Check one: Miss \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Mr. \_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

E-mail address: \_\_\_\_\_ (optional)

Education:

High School \_\_\_\_\_ College \_\_\_\_\_ Degree Earned \_\_\_\_\_

Other \_\_\_\_\_

Employment:

Present/Previous Employment \_\_\_\_\_

How did you hear about CMMC Volunteer Program? \_\_\_\_\_

Special skills, training, interests, or hobbies \_\_\_\_\_

Volunteer experience \_\_\_\_\_

\_\_\_\_\_

Type of volunteer work preferred- Patient contact or Clerical \_\_\_\_\_

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Days and hours preferred \_\_\_\_\_

Will you be available throughout the year? \_\_\_\_\_

Have you ever been convicted under any criminal code in any jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

**Reference #1:**

Please list personal references, i.e., friend, clergy, employer-- no family members)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Reference #2:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Your signature indicates your approval for us to check references. The Volunteer Department is not obligated to provide a volunteer placement, nor are you obligated to accept the position offered. Complete and return to: Volunteer Services Clara Maass Medical Center 1 Clara Maass Drive, Belleville, NJ 07109.**