

Mary Ellen Clyne, PhD  
President and Chief Executive Officer

## CLARA MAASS MEDICAL CENTER APPLICATION FOR TEEN VOLUNTEER SERVICE

Thank you for your interest in volunteer service at Clara Maass Medical Center. Please fill in the information requested below, have your parent/guardian sign the Parent's Approval form, and return it along with this application to the Volunteer Services Department. You will be contacted to arrange for a personal interview.

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

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

Address \_\_\_\_\_

Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Club Affiliations: \_\_\_\_\_

Hobbies and Interests: \_\_\_\_\_

What transportation do you have to the hospital and home? \_\_\_\_\_

Availability: Circle the day of the week and write in the time you are available:

Sun          Mon          Tue          Wed          Thur          Fri          Sat  
Time

What volunteer duties would you like? \_\_\_\_\_

Explain why you want to be a volunteer: \_\_\_\_\_

How were you referred to us \_\_\_\_\_ Year you will graduate high school: \_\_\_\_\_

Your signature: \_\_\_\_\_

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**CONFIDENTIAL STUDENT EVALUATION**

Guidance Counselor: \_\_\_\_\_

School: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Dear Guidance Counselor:

RE: Student: \_\_\_\_\_ Grade: \_\_\_\_\_

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

My son/daughter has applied to do volunteer service at Clara Maass Medical Center. I give my permission to release the information requested below.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please check appropriately: School Attendance: Regular \_\_\_ Irregular \_\_\_  
Punctuality: Good \_\_\_ Fair \_\_\_

	Outstanding	Acceptable	Not Acceptable
Scholastic Achievement	___	___	___
Department and Attitude to Superiors	___	___	___
Cooperation with Peer Group	___	___	___
Initiative and Leadership	___	___	___
Health	___	___	___
Appearance	___	___	___

I do \_\_\_ do not \_\_\_, recommend this student for volunteer service at Clara Maass Medical Center.

Other comments:

Signed: Counselor or Teacher \_\_\_\_\_ Date: \_\_\_\_\_

**\*Note: This information is required to provide for the selection and placement of the most qualified applicants. Your comments are most appreciated. Please return to the Clara Maass Medical Center Volunteer Services Department, 1 Clara Maass Drive, Belleville, NJ 07109**