

Dear Prospective Volunteer:

Thank you for your interest in becoming a volunteer at Jersey City Medical Center. Per your request, I am enclosing an application form.

Please complete the application, making certain to respond to each area as instructed. Be sure to include the names and **complete** mailing addresses of **two** personal or professional references *[no relatives please]*. Applications with missing addresses can not be processed.

Please return the completed application form to Volunteer Services at the address listed below. Upon receipt of your application we will contact your two references by mail and schedule you for our monthly prospective volunteer information and orientation session. During this session, we will explore our volunteer options and volunteer education materials.

Volunteer applicants will also complete a medical process and a criminal background check. You will be provided with more information on this process at the information session.

Upon completion of all necessary paperwork, volunteers will be invited for an individual placement interview. Once accepted to the program, volunteers will be provided a uniform shirt and hospital ID badge.

If you should have any questions, please contact Volunteer Services at 201-309-2739. Again, thank you for your interest in joining our fine group of volunteers. I know that you will find the experience rewarding.

Sincerely,

Joshua Remland

Coordinator, Volunteer Services

**Department of Volunteer Services
Adult Application**

APPLICANT INFORMATION

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

EMPLOYMENT INFORMATION

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

EDUCATION INFORMATION

| | |
|---|--------|
| Current or Last School Attended: | |
| City: | State: |
| Course of Study/Degree Earned: | |
| Other Education/Special Training: | |
| Are you applying to volunteer as part of a school internship program? | |

EMERGENCY CONTACT

| | | |
|----------|------------------|------|
| Name: | Relationship: | |
| Address: | | |
| City: | State: | Zip: |
| Phone: | Alternate Phone: | |

PHYSICIAN INFORMATION

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

REFERENCES

Personal or Professional References –Non Family

| | | |
|--|---------------|------|
| (1) Name: | Relationship: | |
| Address: | Apt#: | |
| City: | State: | Zip: |
| (2) Name: | Relationship: | |
| Address: | Apt#: | |
| City: | State: | Zip: |
| <i>Providing Accurate Addresses Will Allow For Speedy Processing</i> | | |

Office Use Only

Mailed Received

Reference (1):

Reference (2):

