

Dear Prospective Junior Volunteer:

Thank you for your interest in our Junior Volunteer Program. Please complete the enclosed application and return it to:

Bridget Baldwin
Volunteer Services Department
Robert Wood Johnson University Hospital at Rahway
865 Stone Street
Rahway, NJ 07065

Each volunteer is required to fill out an application, have a personal interview and attend a general orientation for new volunteers. All volunteers must complete the mandatory medical clearance and vaccine program documented in the back of this application. All volunteers are required to provide their own transportation and be able to perform tasks without daily staff supervision.

Your application will be reviewed and you may be contacted to schedule a personal interview. Please be aware that there may not be an open volunteer position at the time of application. If this happens, we will keep your application on file. Please be sure that you can meet all of the following requirements if you are contacted to schedule an interview:

- ❖ All applicants must be at least 14 years of age AND in high school
- ❖ Each applicant must be prepared to make a commitment of one (1) weekday per week between the hours of 3:30pm to 5:00pm during the school year.
- ❖ Guarantee transportation to and from the hospital
- ❖ Attend orientation
- ❖ Junior volunteers must wear black pants or black skirt. A uniform shirt will be provided.

Once we call you for an orientation, you will be asked to complete our medical clearance. I look forward to meeting you and welcoming you as part of our Junior Volunteer Program.

Sincerely,

Bridget Baldwin
Bridget Baldwin
Volunteer Services
732-499-6038

JUNIOR VOLUNTEER APPLICATION

(Please print clearly)

Name: _____ Date: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone #: (____) _____ Cell Phone #: (____) _____ Gender: _____

For emergency purposes please provide:

Father's name, place of business, business phone # and cell phone #: _____

Mother's name, place of business, business phone # and & cell phone #: _____

Grade you are currently in: _____ Name of current school: _____

High School you will attend: _____ Year of High School Graduation: _____

Guidance Counselor: _____

Subjects most interesting: _____ Subjects least interesting: _____

Why are you interested in volunteering at this Hospital? (E.g., to help within the hospital, school requirements, learn new skills, etc.) _____

Have you ever volunteered before? No ___ Yes ___ -

Where? _____

List special training, skills or hobbies:

Please provide the name and address of one person, other than a relative, who have knowledge of your character and ability: _____

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT RAHWAY JUNIOR VOLUNTEER PLEDGE

Believing that Robert Wood Johnson University Hospital at Rahway has real need of my services as a Volunteer:

- I understand that any misrepresentation or false statement in this application will result in its cancellation.
- I will be punctual and conscientious in the fulfillment of my duties and accept supervision graciously.
- I will conduct myself with dignity, courtesy, and consideration.
- I will consider as confidential all information which I hear directly or indirectly concerning a patient, doctor, or any member of personnel, and will not seek information in regard to a patient.
- I will take any problems, criticisms or suggestion to the Junior Volunteer Coordinator.
- I will uphold the traditions and standards of this hospital and will interpret them to the community at large.

Applicants Signature: _____ **Date:** _____

Parent's Signature (Mandatory): _____

Thank you for your interest in Robert Wood Johnson University Hospital at Rahway!

****Please fill out both sides and return to address on cover****