

Summer Collegiate Medical Mentor Program  
June 1 – June 26

Thank you for your interest in the Collegiate Medical Mentoring Program. Please be advised that each participant in the program must complete the following requirements:

- Include a brief essay describing why you want to be a part of this program and what you hope to gain. Please limit your essay to one page, double spaced.
- Include a copy of your resume and copy of transcript.
- \$50 administrative fee (refundable if NOT accepted).

If selected, you will need to complete:

- All medical forms from Corporate Care with your medical provider (cannot be done at Employee Health). Requirements include vaccinations, proof of immunity to TB and Hep B. Please see Corporate Care checklist.
- A drug screen and mask fit test at Employee Health (by appointment only).
- Criminal background check subject to a fee (we will send you the link).
- A morning orientation session on Friday, May 29. You cannot participate without attending.

**APPLICATION DEADLINE: April 15, 2026.**

Please print out the application and return it along with the necessary documents to the following address:

Trinitas Collegiate Medical Mentor  
Trinitas Regional Medical Center  
Volunteer Department  
225 Williamson Street  
Elizabeth, NJ 07202  
Attn: Johanna Thomas

For questions: [edith.thomas@rwjbh.org](mailto:edith.thomas@rwjbh.org)

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Name:     
Last First Last four digits of SS#

Address:

City:  State:  Zip Code:

Email:

Phone (cell, home, business):

Secondary phone:

Highest level of education in September 2026:

Declared Major:

Have you participated in the TRMC Collegiate Medical Mentoring program before:

References:

Name:  Relationship:

Email:

Name:  Relationship:

Email:

Emergency Contact:  Relationship:

Phone:

Have you ever been employed or are currently employed by Trinitas Regional Medical Center or any of its affiliated organizations before?

If so, please to list your position and dates of employment.

Department  Dates:

**As a volunteer at RWJBH – Trinitas Regional Medical Center:**

- I shall at all times uphold the mission, vision and values of the hospital.
- I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.
- I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, physicians or staff, and not seek to obtain confidential information from a patient.
- I shall attempt to resolve any problems related to my volunteer activities with my supervisor, and or, Director of Volunteer Services.
- I shall not sell or attempt to sell goods or services, request contributions, or to solicit persons to sign or distribute political petitions on hospital premises, unless I receive the express authorization of the Director of Volunteer Services to engage in these activities.
- I agree to sign a release of medical information form so that my doctor(s) may furnish Trinitas Regional Medical Center information concerning my health.
- I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of: (a) failure to comply with Hospital policies, rules and regulations; (b) absences without notifications; (c) unsatisfactory attitude, work or appearance; or (d) any other circumstances which, in the judgment of the Director of Volunteer Services, would make my continued service as a volunteer contrary to the best interests of the hospital.

I have read each of the above conditions and I agree to be bound by them.

Print name:  Date:

Signature:

Please read the following carefully before signing this application I understand that this is an application for and not a commitment or promise of volunteer opportunity.

I certify that I have and will provide information throughout the selection process, including on this application for a volunteer/internship/externship position and in interviews with Trinitas Regional Medical Center that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for this position with Trinitas Regional Medical Center or my termination. I give Trinitas Regional Medical Center ("TRMC"), Elizabeth, NJ, my consent to photograph, record, or film/videotape me/my child ("photograph"), or to interview me/my child. I also give TRMC my consent to use those photographs or interviews and other information about me/my child in any publication or advertising materials (printed or electronic) or for any lawful purpose. I understand and agree that TRMC may distribute my/my child's photograph and/or interview information to other organizations for use in promoting volunteer services. This consent also serves to waive all rights of privacy or compensation which I may have in connection with the use of my photograph and/or name or my child's photograph and/or name.

I understand that I have the right to revoke this authorization at any time. I can do so by submitting my revocation in writing to the Volunteer Services Department at Trinitas Regional Medical Center, 225 Williamson Street, Elizabeth, NJ 07202. I understand that my revocation will not apply to information that has already been released in response to this authorization. I further understand that this consent is expressly intended to release all personnel of Trinitas Regional Medical Center, as well as the attending physician and consultants, from any claim arising out of the use of such interviews, photographs and/or videotape

Print name:  Date:

Signature:

## HIPAA/CONFIDENTIALITY AGREEMENT

I, an employee or agent of Trinitas Regional Medical Center (TRMC), acknowledge the confidentiality of patient health care information (“Confidential Patient Information”) that I may receive or have access to in the course of providing patient care or other services at any TRMC Facilities at which I am assigned. Patient and personnel information including medical, financial, social and spiritual information from any source and in any form, including oral communication, audio recording, written and electronic display, is strictly confidential. Access to confidential patient and personnel information is permitted only on a need-to-know basis. It is the policy of TRMC that all users respect and preserve this right to privacy and confidentiality. Violations of this policy include, but are not limited to:

- Accessing information that is not within the scope of your job.
- Disclosing, misusing without proper authorization, or altering patient or personnel information.
- Disclosing your sign-on code and password or using another person’s sign-on code and password for accessing electronic or computerized records.
- Accessing the information of a colleague or co-worker who is not assigned to your care or treatment.
- Leaving a secured application unattended while logged on; and
- Attempting to access a secured application without proper authorization.
- Patient information is the patient’s private property lent to the Hospital and its staff for a specific and mutually agreed upon purpose.
- All information about a patient is to be kept confidential at all times. Remember; do not discuss patient information in the elevator, lobby or cafeteria. Be careful when utilizing the speakerphone that patient information is not broadcasted for everyone in the surrounding area to hear, breaking patient confidentiality. Do not post patients’ names publicly, for example on walls, doors, bulletin boards, etc.
- Except when required by law, patient information is not to be released to any person or department not directly involved in the delivery of patient care, without expressed written permission by the patient or legally authorized representative.
- Family access to a patient’s record may be permitted only with patient consent.
- All patients are legally entitled to confidentiality regardless of race, gender, religion, age and socioeconomic or criminal status; and

- An employee, physician, volunteer or trustee admitted to Trinitas Regional Medical Center as a patient also has the same right to confidential treatment of their personal information. DO NOT SHARE THEIR ADMISSION unless requested to do so by the patient.

I have read the above statements and understand and agree to my role in Patient Confidentiality at Trinitas Regional Medical Center.

Violations of this policy may constitute grounds for disciplinary action up to and including termination of employment or loss of hospital privileges in accordance with Hospital procedures and/or federal or state law, and/or legal action. I shall maintain the confidentiality of Confidential Patient Information, and in doing so shall comply with all applicable state and federal laws and regulations, including without limitation, the privacy provisions under Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the policies and procedures of each TRMC facility where I am assigned. My agreement to maintain the confidentiality of Confidential Patient Information shall survive the termination of my employment with TRMC.

HIPAA ACKNOWLEDGEMENT & EMPLOYEE CONFIDENTIALITY

Print name:  Date:

Signature:

If you are selected to participate, you will be required to have the following: **NO EXCEPTIONS.**

Please have your primary provider review the checklist below and sign the attestation at the bottom of the page		
Task		Notes
<input type="checkbox"/>	Physical exam within past 12 months	By PCP with vaccine and titer documentation attached
<input type="checkbox"/>	Tuberculosis (TB) screening via blood or two skin tests	TB blood or two skin tests (e.g. QFTG, QFTplus4T, or TSPOT) collected within the past 3 months (documentation must be attached – see attachment #2)
<input type="checkbox"/>	Proof of immunity to all the following viruses:	Documentation must be attached
<input type="checkbox"/>	Rubella (German Measles)	A positive IgG titer or proof of 1 MMR vaccine
<input type="checkbox"/>	Rubeola (Measles)	A positive IgG titer or proof of 2 MMR vaccines, given > 4 weeks apart
<input type="checkbox"/>	Mumps	A positive IgG titer or proof of 2 MMR vaccines, given > 4 weeks apart
<input type="checkbox"/>	Varicella (Chicken Pox)	A positive IgG titer or 2 VARIVAX vaccines, given > 4 weeks apart
<input type="checkbox"/>	<b>Hepatitis B</b> Blood test required regardless of vaccination status for age 18+ Teen Volunteer: Has three (3) Hepatitis B vaccinations	A positive hepatitis B surface Antibody titer BLOOD TEST for immunity (HepBsAb); If negative (not immune), then either a Hepatitis B vaccine series <i>started</i> or a signed declination form at your final appointment.
<input type="checkbox"/>	Proof of vaccine for TDaP (Tetanus, Diphtheria, pertussis)	Must be the <b>ADULT</b> version of the vaccine – Adacel or Boostrix. (The childhood DTAP is <i>not acceptable</i> ).
<input type="checkbox"/>	Proof of Influenza (Flu) vaccine	Flu season only: Approx. Sept – April
For Volunteer Applicants:		
<input type="checkbox"/>	Ensure both pages of the medical attestation forms are completed by your provider, and signed/dated.	If you are 17 or younger, you must be accompanied by a parent or legal guardian with their valid photo ID.
<input type="checkbox"/>	Make your appointment with Employee Health to submit your Medical Attestation form, vaccination documentation, and blood test results	Call Employee Health to make your appointment. <i>Please do not send any medical forms or paperwork to the Volunteer Department.</i>
<input type="checkbox"/>	You will be cleared to volunteer after submitting all requisite medical information above and completing a urine drug screening at your appointment.	All appointments must be no later than 2 PM, Monday-Friday, to accommodate the drug screening process.