



Dear Prospective Volunteer:

Thank you for your interest in the Virtua Memorial Hospital Burlington County Volunteer Services program.

Please complete this application and return to my attention at:  
Virtua Memorial Hospital  
175 Madison Avenue  
Mt. Holly, NJ 08060

Once your application is received, you will be called for an interview.

We have a variety of service opportunities available, and we can discuss your interests and where you would like to volunteer during the interview. After the interview, you will attend our hospital orientation and be trained in the department you will be volunteering.

If you have any questions, please call me at (609) 261-7073.

I'm looking forward to meeting you.

Very truly yours,

Deborah Thompson  
Director, Volunteer Services

**Virtua Memorial Hospital Burlington County**  
**Volunteer Services Department**  
**Volunteer Application**

Please print all required information

**Personal Information**

Last Name	First	M.I.	Social Security Number
Address Street & Number		City	State Zip
Telephone Number (Home) ( )	Telephone Number (Work) ( )	Name of Spouse	
Emergency Contact Name, Address & Relationship		Telephone Number (Home)	Telephone Number (Work)
Have you been convicted of a felony? ____ yes ____ no If yes, give exact details of convictions, offenses, where committed, sentencing court, date of sentence, and nature of sentence on a separate sheet.			
Indicate any allergies, health conditions or disabilities, which may interfere with your ability to perform volunteer work.			
Have you knowingly used narcotics, amphetamines or barbiturates, which were not prescribed for you by a licensed physician?  ____ Yes ____ No If yes, explain.			

**General Information and Availability for Volunteering**

<p>Indicate preferences in assignment:          Patient ____ Non-Patient ____ Clerical ____</p> <p>Are you available year round? ____ Yes ____ No          If no, when are you unavailable?</p>	<p>Why are you interested in becoming a volunteer at Virtua Health?</p>																																
<p>How did you learn about the volunteer program at Virtua Health?</p>	<p>Are you currently seeking paid employment?          ____ Yes ____ No If yes, what type?</p>																																
<p>Please check if you are a member of:          ____ Virtua Health Auxiliary          ____ Retired Senior Volunteer Program (RSVP)</p>	<p>Are you required to give hours for Community Service?          If so, how many hours _____</p>																																
<p>Days and times available to volunteer (check all that apply):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 25%;">Morning: 8 am to Noon</th> <th style="width: 25%;">Afternoon: Noon to 4 pm</th> <th style="width: 35%;">Evening: 4 to 8:30 pm</th> </tr> </thead> <tbody> <tr> <td>____ Monday</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>____ Tuesday</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>____ Wednesday</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>____ Thursday</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>____ Friday</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>____ Saturday</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>____ Sunday</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>			Morning: 8 am to Noon	Afternoon: Noon to 4 pm	Evening: 4 to 8:30 pm	____ Monday	_____	_____	_____	____ Tuesday	_____	_____	_____	____ Wednesday	_____	_____	_____	____ Thursday	_____	_____	_____	____ Friday	_____	_____	_____	____ Saturday	_____	_____	_____	____ Sunday	_____	_____	_____
	Morning: 8 am to Noon	Afternoon: Noon to 4 pm	Evening: 4 to 8:30 pm																														
____ Monday	_____	_____	_____																														
____ Tuesday	_____	_____	_____																														
____ Wednesday	_____	_____	_____																														
____ Thursday	_____	_____	_____																														
____ Friday	_____	_____	_____																														
____ Saturday	_____	_____	_____																														
____ Sunday	_____	_____	_____																														

**Work and Volunteer Experience**

Are you currently employed: ___ Yes ___ No  ___ Retired ___ Full Time ___ Part Time		Occupation:
Employer Name and Address	Supervisor's Name	Telephone Number ( )
Volunteer Agency Name and Address	Supervisor's Name	Telephone Number ( )
Volunteer Agency Name and Address	Supervisor's Name	Telephone Number ( )

**References (Please exclude relatives)**

Personal/Professional Reference – Name and Address	Telephone Number ( )
Personal/Professional Reference – Name and Address	Telephone Number ( )
Physician – Name and Address	Telephone Number ( )

**High School Student Applicants Only**

Name of Parent or Legal Guardian	Telephone Number (Home) ( )
Address Street Number City State Zip	Telephone Number (Work) ( )
Are you receiving school credit for your volunteer work? ___ Yes ___ No How many hours do you need to complete? ___	
Name of School Counselor	Telephone Number (Office) ( )
High School Year of Graduation	Telephone Number (School) ( )

**College Internship Applicants Only**

College or University	Address	Telephone Number ( )
Student's College Address		Telephone Number ( )
Major/Minor	Cumulative Average	Science Average
Internship Field or Interest	Year of Graduation	Dates of Internship From _____ To _____
Extracurricular Activities	Are you receiving school credit for your volunteer work? ___ Yes ___ No How many credits will you receive? _____ How many hours do you need to complete? _____	

**Interests/Skills (Please indicated with a check mark)**

<b>Clerical Skills:</b>		
<input type="checkbox"/> Typing	<input type="checkbox"/> Librarian	<input type="checkbox"/> Mailings
<input type="checkbox"/> Filing	<input type="checkbox"/> Record updating	<input type="checkbox"/> Alphabetizing
<input type="checkbox"/> Phone receptionist	<input type="checkbox"/> Numerical updating	<input type="checkbox"/> Cash register
<input type="checkbox"/> Using copier	<input type="checkbox"/> Computer	<input type="checkbox"/> Other (Specify _____)
<b>Communication Skills:</b>		
<input type="checkbox"/> Public speaking	<input type="checkbox"/> Research	<input type="checkbox"/> Foreign language
<input type="checkbox"/> Journalism	<input type="checkbox"/> Photography	<input type="checkbox"/> Graphic arts
<input type="checkbox"/> Public Relations	<input type="checkbox"/> Calligraphy	<input type="checkbox"/> Other (Specify _____)
<b>Patient Care Services:</b>		
<input type="checkbox"/> Messenger service	<input type="checkbox"/> Read to patients	<input type="checkbox"/> Visiting/listening
<input type="checkbox"/> Transporting	<input type="checkbox"/> Feeding patients	<input type="checkbox"/> Answering call lights
<input type="checkbox"/> Other (Specify _____)		
<b>Personal Skills to Use or Teach:</b>		
<input type="checkbox"/> Drawing	<input type="checkbox"/> Macramé	<input type="checkbox"/> Leather work
<input type="checkbox"/> Painting	<input type="checkbox"/> Sewing	<input type="checkbox"/> Engineering
<input type="checkbox"/> Knitting	<input type="checkbox"/> Crafts	<input type="checkbox"/> Baking
<input type="checkbox"/> Crocheting	<input type="checkbox"/> Needlework	<input type="checkbox"/> Musical instrument (Specify _____)
<input type="checkbox"/> Other (Specify _____)		
<b>Additional Skills or Comments:</b>		

**Certification**

**AFTER COMPLETING THE APPLICATION, PLEASE READ CAREFULLY AND SIGN**

We appreciate your interest. A clear understanding of your background and work/volunteer experience will aid us in considering you for the volunteer position that best meets your qualifications and interests.

1. I give permission to Virtua Memorial Hospital Burlington County to investigate any and all information concerning my application in order to determine my qualifications. This includes, but is not limited to medical clearance, criminal background checks, employment and personal reference checks and educational or certification verification. I understand that any misrepresentation of facts contained in this application may be cause for my rejection or dismissal.
2. I agree to be photographed by the hospital.
3. I agree that any personal property carried by me from the hospital premises, including packages, briefcase, or any other hand luggage may be inspected by authorized personnel.
4. I agree to abide by all hospital rules and regulations. I understand that if placed, my placement will be subject to the conditions of any applicable introductory period established by hospital policies. I understand that this application and any other hospital documents are not contracts of employment, and that any volunteer who is placed may voluntarily leave under proper notice, and may be terminated at any time or for any reason.
5. In the event of resignation or termination, I agree to return all hospital property loaned to me such as identification badges, uniforms, library books, keys, etc.

My signature below indicates that I have read, understood, and consented to the above statements. This authorization or photocopy shall serve as consent for the hospital to request any information concerning my application.

\_\_\_\_\_

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

\_\_\_\_\_

Parent's Signature (Required if the volunteer is under 18 years of age) \_\_\_\_\_  
Date

**Return application to: Volunteer Services  
Virtua Memorial Hospital Burlington County  
175 Madison Avenue  
Mt. Holly, NJ 08060**