

Virtua Health West Jersey Hospital

Volunteer Services Department

Adult Volunteer Application

Please print all required information.

Please check hospital

- Berlin
 Camden
 Marlton
 Voorhees

Personal Information

Last Name	First	M.I.	Social Security Number
Address		Street & Number	City State Zip
Telephone Number (Home) ()	Telephone Number (Work) ()	Cell Phone Number	
E-mail Address	Name of spouse	Spouse's Business or Cell Phone	
Emergency Contact Name, Address, & Relationship		Telephone Number (Home)	Telephone Number (Work/Cell)
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

Indicate preferences in assignment: Patient _____ Non-Patient _____ Clerical _____ Are you available year round? _____ Yes _____ No If no, when are you unavailable?	Why are you interested in becoming a volunteer at Virtua Health?		
How did you learn about the volunteer program at Virtua Health?	Are you currently seeking paid employment? _____ Yes _____ No If yes, what type?		
Please check if you are a member of: _____ Virtua Health Auxiliary _____ Retired Senior Volunteer Program (RSVP)	Are you required to give hours for Community Service? If so, how many hours _____		
Days and times available to volunteer (check all that apply):			
Hours Available to Volunteer			
	Morning 8 a.m. – Noon	Afternoon Noon – 4 p.m.	Evening 4p.m. – 8 p.m.
_____ Monday	_____	_____	_____
_____ Tuesday	_____	_____	_____
_____ Wednesday	_____	_____	_____
_____ Thursday	_____	_____	_____
_____ Friday	_____	_____	_____
_____ Saturday	_____	_____	_____
_____ Sunday	_____	_____	_____

Work and Volunteer Experience

Are you currently employed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Retired <input type="checkbox"/> Full Time <input type="checkbox"/> 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 ()

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? <input type="checkbox"/> Yes <input type="checkbox"/> No How many credits will you receive? _____ How many hours do you need to complete? _____	

Interests/Skills (Please indicated with a check mark)

Clerical Skills:		
<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 _____)
Communication Skills:		
<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 _____)
Patient Care Services:		
<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 _____)		
Personal Skills to Use or Teach:		
<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 _____)		
Additional Skills or Comments:		

Certification

AFTER COMPLETING THE APPLICATION, PLEASE READ CAREFULLY AND SIGN

We appreciate your interest in our hospital. 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.

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|--|---|
| <p>1. I give permission to Virtua Health West Jersey Hospital 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.</p> <p>2. I agree to be photographed by the hospital.</p> <p>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.</p> | <p>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.</p> <p>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.</p> |
|--|---|

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

Return application to: **Tiffany L. Bennett**
Director, Volunteer Services
Virtua Health West Jersey Hospital
101 Carnie Boulevard
Voorhees, New Jersey 08043

Adult Volunteer Application



West Jersey Hospitals

Berlin Camden Marlton Voorhees

AN EQUAL OPPORTUNITY EMPLOYER