Virtua Health West Jersey Hospital
Volunteer Services Department
Junior 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 (home and cell)	e-mail address	Date of Birth
( ) ( )		

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

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 Junior Auxiliary**	**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: **_____Yes _____No _____ _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

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)** **( )**
Address of School	**Principal's Name**	**School e-mail address**

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)

Clerical Skills:

____Typing
____Filing
____Phone receptionist
____Using copier
____Librarian
____Record updating
____Numerical updating
____Computer
____Mailings
____Alphabetizing
____Cash register
____Other (Specify_____)

Communication Skills:

____Public speaking
____Journalism
____Public Relations
____Research
____Photography
____Calligraphy
____Foreign language
____Graphic arts
____Other (Specify_____)

Patient Care Services:

____Messenger service
____Transporting
____Other (Specify_____)
____Read to patients
____Feeding patients
____Visiting/listening
____Answering call lights

Personal Skills to Use or Teach:

____Drawing
____Painting
____Knitting
____Crocheting
____Other (Specify_____)
____Macramé
____Sewing
____Crafts
____Needlework
____Leather work
____Engineering
____Baking
____Musical instrument (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.

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.**

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:

Virtua - Marlton
90 Brick Road
Marlton, New Jersey 08053

Virtua - Voorhees
100 Bowman Drive
Voorhees, New Jersey 08053

Virtua - Berlin/Camden
100 Townsend Avenue
Berlin, New Jersey 08009

Junior Volunteer Application

West Jersey Hospitals

Berlin Camden Marlton Voorhees

AN EQUAL OPPORTUNITY EMPLOYER