



## Work and Volunteer Experience

Are you currently employed: <u>Yes</u> <u>No</u> <u>Full Time</u> <u>Part Time</u>		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 / Email	Telephone Number ( )
Personal/Professional Reference – Name and Address / Email	Telephone Number ( )
Primary Care 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? <u>Yes</u> <u>No</u> 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

## 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 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.

All Virtua volunteers are required to receive an annual influenza vaccine unless granted a medical or religious exemption.

My signature below indicates that I have read, understood, and consent 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 completed application to:

**Virtua Berlin, Virtua Camden,  
and Virtua Voorhees**

**Volunteer Services  
100 Bowman Drive  
Voorhees, NJ 08043**

**Virtua Marlton**

**Volunteer Services  
90 Brick Rd.  
Marlton, NJ 08053**

**Virtua Memorial**

**Volunteer Services  
175 Madison Ave.  
Mt. Holly, NJ 08060**

## Junior Volunteer Application



Berlin Camden Marlton Voorhees Mt. Holly

AN EQUAL OPPORTUNITY EMPLOYER