



Virtua Health
Volunteer Services Department
Junior Volunteer Application

Please print all required information.

Please check hospital

- Berlin Camden Marlton Voorhees Mt. Holly
 Virtua Our Lady of Lourdes Virtua Willingboro

Personal Information

Last Name			First			M.I.		
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)		
Indicate any allergies, health conditions or disabilities, which may interfere with your ability to perform volunteer work.								

General Information and Availability for Volunteering

Indicate preferences in assignment: Patient _____ Non-Patient _____ Clerical _____			Why are you interested in becoming a volunteer at Virtua Health?		
How did you learn about the volunteer program at Virtua Health?			Are you required to give hours for Community Service? If so, how many hours _____.		
Days and Times Available to Volunteer (check all that apply):					
	Morning		Hours Available to Volunteer		Evening
	8 a.m. – Noon		Afternoon		4p.m. – 8 p.m.
			Noon – 4 p.m.		
_____ Monday	_____	_____	_____	_____	_____
_____ Tuesday	_____	_____	_____	_____	_____
_____ Wednesday	_____	_____	_____	_____	_____
_____ Thursday	_____	_____	_____	_____	_____
_____ Friday	_____	_____	_____	_____	_____
_____ Saturday	_____	_____	_____	_____	_____
_____ Sunday	_____	_____	_____	_____	_____

Work and Volunteer Experience

Are you currently employed: Yes <input type="checkbox"/> No <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		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? <input type="checkbox"/> Yes <input type="checkbox"/> 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

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.

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**

Virtua Our Lady of Lourdes

**Volunteer Services
1600 Haddon Ave
Camden, NJ 08103**

Virtua Willingboro

**Volunteer Services
218 A Sunset Road
Willingboro, NJ 08046**

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Berlin Camden Marlton Voorhees Mt. Holly Willingboro

AN EQUAL OPPORTUNITY EMPLOYER