

RARITAN BAY MEDICAL CENTER

JUNIOR VOLUNTEER APPLICATION

Perth Amboy
530 New Brunswick Avenue
Perth Amboy, N.J. 08861
(732)442-3700

Old Bridge
One Hospital Plaza
Old Bridge, N.J. 08857
(732)360-1000

Perth Amboy
Old Bridge

Name _____ Date _____
(First) (MI) (Last)

Address _____
(Street) (City) (State) (Zip)

Phone _____ Parent's Name _____

Birth Date: _____ Age _____ Email: _____

School _____ Present Grade _____

Cell Phone Number _____

What do you plan to do when you graduate from high school? _____

List any special skills, training, interest, and hobbies: _____

Community Activities: (School, Church, etc) _____

Previous Volunteer Experience: _____

Are you interested in a career in healthcare? Yes _____ No _____

List any relative or friends that work at Raritan Bay Medical Center, either Perth Amboy or Old Bridge: _____

Referred By: _____ Relationship: _____

Raritan Bay Medical Center is not obligated to provide placement, nor are you obligated to accept the position if offered.

Applicant Statement:

I confirm that I am between the ages of 16 to 18 years old.

I am currently a high school student.

I understand that if selected for a volunteer position, I am aware that the positions are only available on weekdays, Monday -Friday from 4 - 7 p.m.

I understand that Volunteer Services may not be able accommodate changes to the schedule or exceptions to any service requirements. Volunteers who do not meet the service requirements will not receive verification of service.

I may only apply one time as a high school student.

The information provided is accurate and correct to the best of my knowledge. My signature indicates that I understand that submitting this application does not automatically register me as a Raritan Bay Medical Center volunteer. I understand that the Volunteer Service office is not obligated to provide a placement, nor am I obligated to accept the position, if offered. I am aware that there may be certain qualifications I must meet, including a complete application, parental consent, and a positive guidance recommendation. Failure to meet the aforementioned qualifications may disqualify me as a candidate. I can only apply to the junior volunteer program once while in high school.

Applicant's Signature: _____ **Date:** _____

Parent's Statement: I understand that if my son/daughter is selected to attend an orientation he / she must return all paperwork completed. I understand that Raritan Bay Medical Center is not obligated to provide placement, nor is my son/daughter obligated to accept the position offered. My daughter / son can only apply one time as a high school student.

Parent's Signature: _____ **Date:** _____

For Volunteer Services Office Only:

Date Received: _____

Initials: _____

**RARITAN BAY MEDICAL CENTER
Volunteer Services Department
530 New Brunswick Avenue
Perth Amboy, New Jersey 08861**

Dear Parent: Your son/daughter is applying to become a Junior volunteer at Raritan Bay Medical Center. As a standard procedure, we require a written recommendation from his/her guidance counselor, to be used as a character reference. This recommendation will be used as part of the selection process.

According to the law, when a student is under 18 years of age, we must have parental permission before school records can be released. Please fill out the form below and return it with the application. If the student is 18 years or older, he/she must sign the form.

Thank you for your cooperation.

Volunteer Services

Guidance Counselor: _____

School: _____ Guidance Phone: _____

School Address: _____

I, the undersigned, hereby authorize the release of a written recommendation for the following:

Applicant's Name: _____ Year of Graduation: _____

Signature (Parent/Guardian/18 year old Student)

Note: Return this form with the completed Junior Volunteer Application to the Volunteer Services Department.

RARITAN BAY MEDICAL CENTER
Volunteer Services Department
EMERGENCY CONSENT FORM

I give my consent to Raritan Bay Medical Center Perth Amboy/Old Bridge Campus to render **Emergency Medical Treatment** to my son/daughter.

Child's Name

_____ Date: _____

Signature of Parent/Guardian

In case of an **Emergency** please notify: _____

Relationship to Applicant: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____

This Emergency Treatment form can only be used when the applicant is working as a volunteer at Raritan Bay Medical Center.

Required: Please write a statement (approximately 100-250 words) explaining why you would like to volunteer at Raritan Bay Medical Center.

**RARITAN BAY MEDICAL CENTER
GUIDANCE COUNSELOR RECOMMENDATION
VOLUNTEER PROGRAM STUDENT EVALUATION**

Dear Counselor:

_____ has expressed an interest in becoming a junior volunteer at Raritan Bay Medical Center. As a prerequisite to acceptance to our program we require a recommendation from a guidance counselor who knows the students. Your response to the following questions, and any other remarks, would be most helpful in determining whether the student is an appropriate candidate for our program.

This form shall be considered confidential, and you need not feel as if you have to share information with the student. **Please fill out both sides of this form.** You may return the form to the student in a sealed and signed envelope and they will send it with the application, or you can fax this form directly to Volunteer Services at 732-324-6079. If you have any questions, or would like to discuss this matter further, please contact me at 732 - 324 - 5006. Thank you for your time in evaluating this student.

Please rate the student using a scale of 1 to 5 [5 being the highest score] on the following attributes (please add addition information if relevant:

Cooperation: Ability to get along with others, accept authority and follow instruction, adaptability, tactfulness and flexibility.

1 2 3 4 5

Character: Loyalty, integrity, sincerity and concern for others.

1 2 3 4 5

Initiative: Motivation, intellectual curiosity, willingness to attempt new things and resourcefulness.

1 2 3 4 5

Reliability: Dependability, good judgment, honesty and ability to function with minimal supervision.

1 2 3 4 5

Emotional Control: Maturity, poise, stability, self- confidence, and self-esteem.

1 2 3 4 5

Leadership: Objectivity, patience, ability to motivate and accept responsibility.

1 2 3 4 5



Overall Recommendation: Please select one:

Highly Recommended _____

Recommended with Confidence _____

Recommended with Reservation _____

Not Recommended _____

If necessary, may we contact you regarding this student: Yes _____ No _____

_____ [_____]
Name/Title. **Telephone**

Signature **Date** **School**

Raritan Bay Medical Center 530 New Brunswick Ave Perth Amboy, New Jersey 08861 Telephone [732] 324-5006
 Fax [732]324-6079