



If referred by another volunteer/employee, please indicate their name:

### Previous Employment

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

### Volunteer Interests

Preference: \_\_\_ Patient Contact \_\_\_ Non-Patient Contact

Day(s) & Time available: \_\_\_ Weekdays am/pm \_\_\_ Weekends am/pm Other: \_\_\_\_\_  
How did you hear of our program: \_\_\_\_\_

Prior Volunteer Experience: \_\_\_\_\_

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_ To: \_\_\_  
Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_  
If other than honorable, explain: \_\_\_\_\_

### Disclaimer and Signature

*I certify that my information/answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview will be the cause for rejection of this application or dismissal if discovered after the start of my volunteer service.*

*I give the Department of Volunteer Services the right to investigate all references. I also understand that my volunteer position depends on the substantiation of the information shown on the application, satisfactory replies from references, immunizations (if applicable), Medical clearance from the applicant's Physician, and a satisfactory result of a three month probationary period.*

*Raritan Bay Medical Center is a smoke free facility and I agree to conform to this policy.*

*Should I be Accepted as a RBMC Volunteer:*

- 1. I understand that this acceptance is totally separate and distinct from any employment agreement now or in the future.*
- 2. I promise to abide by all medical center rules and regulations.*

*Failure to comply with policy and confidentiality is understood to be grounds for termination of volunteer service.*

*I affirm that the information provided by me is correct and I have read, understand and accept the above acknowledgement:*

Yes

No

*Please sign and Date your application.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send completed application to:**

Raritan Bay Medical Center  
Volunteer Services  
530 New Brunswick Avenue  
Perth Amboy, NJ 08861

Or

**Email completed application to [volunteer@rbmc.org](mailto:volunteer@rbmc.org).**

Or

**Please fax completed application to 732.324.6079**

For Volunteer Services Office Only:

Date Received \_\_\_\_\_

Initials \_\_\_\_\_

(rev. 10/10)