



Adult Application for Volunteer Service

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () _____ E-mail Address: _____
Work #: _____ Cell Phone: _____ Fax #: _____

Date Available: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Education

High School: _____ Address: _____
From: ____ To: ____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____
From: ____ To: ____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
From: ____ To: ____ Did you graduate? YES NO Degree: _____

References

Please print clearly the names of two people for personal references. (Please do not include members of your family)

Full Name: _____ Relationship: _____

Full Name: _____ Relationship: _____

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

List any special skills, training, interest, or languages you speak:

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

Previous Employment

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

Company: _____ Phone: () _____
Address: _____ Supervisor _____
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

Please fax completed application to (732)324-6079

For Volunteer Services Office Only:

Date Received _____

Initials _____

October 2015

**RARITAN BAY MEDICAL CENTER
Volunteer Services Department**

VOLUNTEER EMERGENCY FORM

Date: _____

Name (please print) _____

Signature: _____

Person to Notify:

Relationship to volunteer: _____ Phone # _____

Work Phone # _____

RARITAN BAY MEDICAL CENTER

Personal Reference form can be filled out by a reference with a professional or personal relationship (excluding relatives).

_____ has offered his/her services as a volunteer in this hospital.
Volunteer's name (Please print)

Please answer the following questions and return this form to the Volunteer Services department at your earliest convenience.

How long have you known the applicant?

How do you know the applicant?

To the best of your knowledge, can this person be considered responsible and reliable?

Can you point to any special strengths or weaknesses which would make a difference in the person's ability to do a good job as a volunteer?

Signature _____ Date _____

Your cooperation will help us build a fine volunteer program.

Thank you so much.

Cordially,

Susan Pasternack
Manager, Volunteer Services

Please Return to:
Raritan Bay Medical Center
Volunteer Services
530 New Brunswick Ave.
Perth Amboy, N.J. 08861
Phone: 732-324-5006 Fax 732-324-6079 E-mail: Volunteer@HackensackMeridian.org

RARITAN BAY MEDICAL CENTER

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