



St. Joseph's Regional Medical Center  
 St. Joseph's Wayne Hospital  
 St. Vincent's Nursing Home

**ADULT Volunteer Application**

Name \_\_\_\_\_  
 (Last) (First) (Middle)

Female  
 Male

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

Address \_\_\_\_\_  
 (Street) (City, State) (Zip)

Birth Date: mo \_\_\_ day \_\_\_ yr \_\_\_ E-Mail: \_\_\_\_\_

Social Security # \_\_\_\_\_ Have you ever been convicted of a crime? \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: \_\_\_\_\_

In an emergency notify: \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Alternate (\_\_\_\_) \_\_\_\_\_

**EDUCATION/WORK EXPERIENCE**

Employer \_\_\_\_\_ Position \_\_\_\_\_ How long? \_\_\_\_\_

May we contact you at work? Yes No. Work phone (\_\_\_\_) \_\_\_\_\_

Retired from \_\_\_\_\_ Position \_\_\_\_\_

Volunteer experience \_\_\_\_\_

Languages spoken: \_\_\_\_\_

Level of education completed \_\_\_\_\_

Currently attending (name of institution): \_\_\_\_\_

Last year completed \_\_\_\_\_

Reasons for Volunteering: \_\_\_\_\_

Referred to St. Joseph's by: \_\_\_\_\_

Choosing to be a volunteer at St. Joseph's Healthcare System can be a rewarding experience. Although our program is not a shadowing, observation or internship program, your talents and expertise will complement our professional staff, ensuring every patient's stay is a pleasant one.

Volunteering provides you with the opportunity to utilize your current skills or gain new ones in areas of interest to you. Volunteers are an integral part of St. Joseph's Healthcare System's professional team. We strive to make assignments that balance the needs of the system with your areas of interest. Understanding the need for flexible scheduling, volunteers are assigned during the day, evening or weekend.

To be successful as a volunteer, you must be dependable, punctual, and understanding. Being highly motivated and having a willingness to learn are also important. A successful volunteer maintains an emphasis on confidentiality and uses discretion.

Choosing to be a volunteer at any of our St. Joseph's Healthcare System locations can be a rewarding experience. Your talents and expertise will complement our professional staff, ensuring every patient's stay is a pleasant one. Whether it is transporting a patient from one area to another, greeting visitors or working "behind the scenes" in our business offices, you can be assured that your time will be well spent.

**VOLUNTEER AVAILABILITY**

Volunteer shifts are typically one time per week, scheduled according to the department need and the volunteer availability. Volunteers are asked to make a minimum commitment of 60 hours. **If verification of volunteer hours is required, it will be available only after the 60-hour minimum is met.**

Volunteer job(s) you would prefer: \_\_\_\_\_

When are you available to volunteer (most volunteers commit to one time per week)?

Day: \_\_\_\_\_

Time: \_\_\_\_\_

Additional comments, skills, training you feel we should be aware of: \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Upon completion of the application, please submit it to the Volunteer Office of the institution where you plan to volunteer. When we have received the completed application you will be notified by mail of the time and place of the next orientation.**

St. Joseph's Regional Medical Center, 703 Main St., Paterson, NJ 07503 Phone: 973-754-2970 Fax: 973-754-3273

St. Joseph's Wayne Hospital, 224 Hamburg Tpk., Wayne, NJ 07470 Phone: 973-956-3348 Fax: 973-956-4047

St. Vincent's Nursing Home, 315 East Lindsley Rd., Cedar Grove, NJ 07009 Phone: 973-754-4831 Fax: 973-812-4491



**St. Joseph's Regional Medical Center**      **973-754-2970 Fax: 973-754-3273**  
**St. Joseph's Wayne Hospital**                **973-956-3348 Fax: 973-389-4047**  
**St. Vincent's Nursing Home**                 **973-754-4831 Fax: 973-812-4491**

**APPLICANT CONSENT FOR BACKGROUND INVESTIGATION**

I hereby authorize St. Joseph's Healthcare System and its affiliates, or its agents to investigate my former employment, my professional reputation and me.

I hereby authorize all persons, firms, companies, government agencies, courts, credit agencies, associations or institutions having control of my documents, records or other information to furnish said documents to the requestor.

I hereby release St. Joseph's Healthcare System and its affiliates, or its agents from any and all liability resulting from such investigation.

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

**References:**

You must give the names and complete addresses of three persons, preferably business references, with whom you have worked and who are not related to you.

NAME	ADDRESS	CITY	STATE	ZIP CODE

Requested by Recruiter \_\_\_\_\_ Date of Request \_\_\_\_\_