



___ St. Joseph's Regional Medical Center	973-754-2970	Fax: 973-754-3273
___ St. Joseph's Wayne Hospital	973-956-3348	Fax: 973-956-4016
___ St. Vincent's Nursing Home	973-754-4831	Fax: 973-812-4831

### ADULT Volunteer Application

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

(last) (first) (middle) (maiden)

Female  
 Male

Address \_\_\_\_\_

(Street) (City, state) (Zip)

Birth Date: mo \_\_\_ day \_\_\_ yr \_\_\_\_\_ Social Security # \_\_\_\_\_

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

E-mail: \_\_\_\_\_

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

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

### EDUCATION/WORK EXPERIENCE

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

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

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

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

\_\_\_\_\_

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

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

Currently attending (name of institution): \_\_\_\_\_ Last year completed \_\_\_\_\_

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

Choosing to be a volunteer at St. Joseph's Healthcare System 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 be transporting a patient from one area to another, or working "behind the scenes" in our business offices, you can be assured that your time will be well spent. 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.

**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 one shift per week for 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 \_\_\_\_\_

Place an **X** on all the times you are available to volunteer (most volunteers commit to one time per week)

	MON	TUES	WED	THUR	FRI	SAT	SUN
Morning							
Afternoon							
Evening							

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

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

**Successful Volunteers**

**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 attitude of confidentiality and always uses discretion.**



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**APPLICANT CONSENT FOR BACKGROUND INVESTIGATION**

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

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:

Give the names of three persons, preferably business references, with whom you have worked and who are not related to you.

NAME	ADDRESS	CITY	STATE	ZIP
1.				
2.				
3.				

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



**TO: Employee Health Services  
1135 Broad Street  
Clifton, NJ  
973-754-2265**

**FROM:**

VOLUNTEER SERVICES:

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**SUBJECT: TB SCREENING**

Volunteer Name	Social Security Number	ppd Placed	ppd Read	Clinician



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**IMMUNIZATION STATUS FORM**

**PLEASE PRINT**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

**Please complete the form below and sign where indicated, thank you.**

<i>Status</i>	<i>IMMUNE</i>	<i>NOT IMMUNE</i>	<i>DATE of lab test</i>
Chicken Pox (Varicella)			
Measles (Rubeola)			
German Measles (Rubella)			

<i>VACCINES</i>	<i>DATE GIVEN</i>
MMR	
Varivax	

Physician Name (PRINT PLEASE) \_\_\_\_\_

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_



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Dear Applicant,

Thank you for your interest in volunteering here at St. Joseph's Healthcare System. Prospective volunteers must complete the following steps before being interviewed for placement in the Hospital.

Adults (18 and over)

1. Complete and return application.
2. Background check – will be initiated when application is returned.
3. Provide documentation of recent TB Screening (not older than 11 months). If TB screening is needed, please go to the Hospital's Employee Health Services, 1135 Broad St., Clifton, 973-754-2265, where it will be provided at no charge.
4. Immunization Status Form completed and signed by a physician.
5. **Complete** names and addresses of three references.
6. Attend an Orientation Session.
7. At the end of the Orientation session, schedule an interview. At the interview, the volunteer and myself will discuss an assignment and a schedule. An ID badge will be provided on the day the volunteer begins work.

Juniors (14 through 17)

1. Complete and return application.  
Documentation of Immunization (can be the school medical record)
2. Provide documentation of recent TB Screening (not older than 11 months). If TB screening is needed, please go to the Hospital's Employee Health Services, 1135 Broad St., Clifton, 973-754-2265, where it will be provided at no charge to you.
3. Attend an Orientation Session.
4. At the end of the Orientation session, schedule an interview. At the interview, the volunteer and myself will discuss an assignment and a schedule. An ID badge will be provided on the day the volunteer begins work.

At least sixty (60) hours of service are required. If a volunteer requests a letter stating the number of hours served, it will be written only upon completion of the required sixty (60) hours. If you have any questions, please contact the Volunteer Services Department Monday through Friday between 8:00 am and 4:30 pm.

Sincerely,

Sister Bea Guider  
Manager Volunteer Services