



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

JUNIOR Volunteer Application

Name _____ Date: _____
 (Last) (First) (Middle) Female
 Male

Address _____
 (Street) (City, state) (Zip)

Birth Date: mo ___ day ___ yr ___ E-Mail: _____

Home Phone: (____) _____ Cell phone: _____

In an emergency notify: _____

Relationship _____ Phone (____) _____ Alternate (____) _____

PARENTS' INFORMATION

Mother's Name: _____

Mother's place of business: _____ Phone: _____

Father's Name: _____

Father's place of business: _____ Phone: _____

SCHOOL INFORMATION

School Name: _____ City _____

DOCTOR'S INFORMATION

Name: _____ Phone: _____

Referred to St. Joseph's by: _____

A Successful Volunteer

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 St. Joseph's Healthcare System can be a very 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. 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: _____

Volunteers are an integral part of St. Joseph's Healthcare System Professional team. We strive to make assignments that balance the needs of the hospital with your areas of interest. Understanding the need for flexible scheduling, volunteers are assigned during the day, evening or weekend.

I HEREBY GIVE PERMISSION FOR MY SON/DAUGHTER TO VOLUNTEER AT ST. JOSEPH'S HEALTHCARE SYSTEM.

Parent/Guardian Signature _____ Date _____

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