



Volunteer Office 973-754-2970

Dear Applicant,

Thank you for your interest in volunteering here at St. Joseph's Regional Medical Center. 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 (973-754-2970).

Sincerely,

Sister Bea Guider
Manager Volunteer Services
Enc. /chd



___ St. Joseph's Regional Medical Center	973-754-2970	Fax: 973-754-3273
___ St. Joseph's Wayne Hospital	973-956-3346	Fax: 973-956-4016
___ St. Vincent's Nursing Home	973-754-4831	Fax: 973-812-4491

JUNIOR Volunteer Application

Name _____			<input type="checkbox"/> Female <input type="checkbox"/> Male	Date _____
(Last)	(First)	(Middle)		
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 (____) _____		

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 _____

Phone #: _____

DOCTOR'S INFORMATION

Name: _____ Phone: _____

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.

IMMUNIZATIONS

Junior volunteers are required to present documentation of their immunizations. This is available from the school nurse.

Choosing to be a volunteer at St. Joseph’s Regional Medical Center 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 one shift per week for 6 months or 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 the **HOURS** 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: _____

Volunteers are an integral part of St. Joseph’s Regional Medical Center's 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.

Reason(s) for Volunteering

Parent/Guardian

Signature _____ **Date** _____



VOLUNTEER OFFICE: (973) 754-2970

**EMPLOYEE HEALTH SERVICES
CONSENT FORM**

I authorize the Employee Health Officer and/or his/her assistants, in the Employee Health Department, to administer the PPD to my son/daughter

(Print son/daughter's Name)

(Parent/Guardian's Signature)

Date



VOLUNTEER OFFICE 973-754-2970

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

**FROM: Sister Bea Guider
Manager, Volunteer Services Department**

SUBJECT: TB SCREENING

FAX: (973) 754-3736

Volunteer Name	Social Security Number	ppd Placed	ppd Read	Clinician