

Department of Volunteer Services
Adult Application
APPLICANT INFORMATION

First Name:	Last Name:
Current Address:	Apt#:
City:	State: Zip:
Date of Birth (Month and Day):	Phone:
Email:	Cell:

EMPLOYMENT INFORMATION

Current or Most Recent Employer:
Employer Address: Dates Employed:
City: State: Zip:
Phone: Fax: Email:

EDUCATION INFORMATION

Current or Last School Attended:
City: State:
Course of Study/Degree Earned:
Other Education/Special Training:
Are you applying to volunteer as part of a school internship program?

EMERGENCY CONTACT

Name:	Relationship:
Address:	
City: State: Zip:	
Phone: Alternate Phone:	

PHYSICIAN INFORMATION

Name:
Address:
City: State: Zip:
Phone: Fax: Email:

REFERENCES

<i>Personal or Professional References –Non Family</i>	
(1) Name:	Relationship:
Address:	Apt#:
City: State: Zip:	
Email address:	
(2) Name:	Relationship:
Address:	Apt#:
City: State: Zip:	
Email address:	

EXTRA CURRICULAR ACTIVITIES

Volunteer Experience:
Organizational Affiliations:
Have you previously volunteered or been employed at any RWJBarnabas Health facility? If so, where and when?

SKILLS

Special Skills:
Languages Spoken (fluently):
Would you be willing to provide NON-MEDICAL translation services to patients/families/visitors?

PREFERENCES/INTERESTS

Type of Volunteer Work Desired (if known):
Are you comfortable interacting with patients? Yes No Unsure
Is there work you are unable or unwilling to perform?

AVAILABILITY

Please circle all that apply:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time Availability:	Morning		Afternoon		Evening		
Specify Hours Desired:	Available to Start:						
Are you available throughout the year?	If no, when are you NOT available?						

REFERRALS

How did you learn of volunteer opportunities at Jersey City Medical Center?
Brochure Newspaper Website Bulletin Board Community Presentation School Other
If referred by Barnabas employee or volunteer, please specify name, location and relationship:

APPLICANT'S AUTHORIZATION

I certify that the above information is true and complete and I authorize Barnabas and/or its entities to investigate any and all statements that I have made. I understand any false statement on this application may be considered cause for rejection of this application or immediate termination if my volunteer assignment has begun. I understand that completion of this application and/or interview/screening process is not a promise of an offer of assignment.	
Signature of Applicant:	Date: