

Dear Prospective Volunteer,

Thank you for expressing interest in the Volunteer Services Department at Christ Hospital. Christ Hospital depends upon its team of dedicated volunteers in order to provide quality, compassionate care to its patients and families. We simply could not do this work without the time and talent of people like yourself.

Before you complete this application please consider carefully whether or not volunteering at Christ Hospital is a good fit for you. Our volunteers serve Christ Hospital out of a heartfelt desire to support their community and serve others in a time of sickness or need. The primary skills or traits that we seek in every volunteer are friendliness and compassion. Please be aware:

- **Volunteering at Christ Hospital does not lead to employment.**
Individuals seeking employment opportunities should contact the Human Resources Office.
- **Volunteers are not permitted to shadow medical professionals to gain work experience.**
The Volunteer Services Department does not process or supervise individuals working to complete internship requirements.
- **Volunteers are not permitted to perform tasks restricted to skilled staff members.**
There are many job functions that must be restricted to employed staff members only; this includes the majority of hands-on patient care.
- **Volunteers are needed primarily during business hours (Monday to Friday, 8am to 5pm).**
There are limited volunteer positions available after hours and on the weekends.

If you feel called to serve Christ Hospital as a volunteer, you will need to take the following steps:

1. **Complete the enclosed application form and return it to the Volunteer Services Department at Christ Hospital.**
Please be sure to include the following with your application:
 - A copy of a government issued photo ID
 - A copy of your Social Security Card
 - The *Volunteer Medical Release Form signed by your doctor*
 - The *Volunteer Disclosure Form*
2. **Application approval and background check.** Once we have reviewed your application we will perform a standard background check. Applicants that are accepted will receive an invitation to Volunteer Orientation.
3. **Attend the 2-day Orientation Session.** Volunteer orientation is held monthly throughout the year. Attendance at orientation is mandatory before volunteer service can begin.
4. **Complete TB test and blood test.** All volunteers are required to have a TB test and a blood test. These tests are performed here in our Employee Health Department and in our Lab at no charge.
5. **Get Volunteer ID and Uniform.** There is a \$20 deposit required for the volunteer uniform.

Please note that incomplete application forms will not be processed.

Please mail the completed application forms to:

Christ Hospital
Volunteer Services Department
176 Palisade Avenue
Jersey City, NJ 07306

Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	<input type="checkbox"/> 8:30 - 12:00	<input type="checkbox"/> 8:30 - 12:00	<input type="checkbox"/> 8:30 - 12:00	<input type="checkbox"/> 8:30 - 12:00	<input type="checkbox"/> 8:30 - 12:00	
	<input type="checkbox"/> 1:00 - 5:00	<input type="checkbox"/> 1:00 - 5:00	<input type="checkbox"/> 1:00 - 5:00	<input type="checkbox"/> 1:00 - 5:00	<input type="checkbox"/> 1:00 - 5:00	

Note: the majority of volunteer positions are during regular business hours (Monday to Friday, 8am to 5pm)

Type of Volunteer

Tell what type of volunteering you are interested in:

<input type="checkbox"/>	Patient/Family Hospitality
<input type="checkbox"/>	Administrative/Clerical
<input type="checkbox"/>	Volunteer Pool/Float

Employment

Please list your most recent or current employer (if any).

Employer Name	
Supervisor's Name	
Phone	
Dates of Employment	

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies and any foreign languages spoken.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City, ST, ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application, or on the Volunteer Disclosure Form, may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual orientation, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Volunteer Disclosure Form

Consent to Background Check

In connection with my application for volunteer services with you, I understand that investigative background inquiries are to be made concerning myself including consumer reports, investigative consumer reports, criminal, driving and other reports. These reports may include information as to my character, credit worthiness, general reputation, personal characteristics, mode of living, work habits, performance and experience, along with reasons for termination of past employment from previous employers. I have a right to request disclosure of the nature and scope of the report, which involves personal interviews with sources such as neighbors, friends or associates.

I authorize, without reservation, any party or agency contacted by this employer or its agent to furnish the above mentioned information:

Print Full Name			
Street Address			
City ST ZIP Code			
Social Security Number			
Date of Birth			
Driver's License Number		State	
Applicant's Signature			

History

Please list all previous names used (if any)

Former Name		Dates used	
Please list the cities or towns you have lived in covering the past 7 years. Use additional pages if necessary.			
City ST ZIP Code		Dates	
City ST ZIP Code		Dates	

Have you ever been convicted of a crime (other than a traffic violation)? Yes / No
If yes, please explain on attached sheet.

Education

High School Name		City, State	
University/College		City, State	
Other School/Training		City, State	

References (other than family members)

Employer (if any)		Phone	
School Reference		Phone	
Personal Reference		Phone	

Volunteer Medical Release

Contact Information

Name	
Date of Birth	
Social Security Number	

All applicants to Christ Hospital's Volunteer Services Department must have clearance from a physician that indicates that he or she has no physical or emotional impairments that might interfere with volunteer work at Christ Hospital. In addition to this medical clearance, all volunteers will be required to take a blood test to check for immunity to Measles, Rubella and Varicella and will also be required to take a TB test. These blood tests will be performed here at the hospital at no charge to you.

**Please return this form signed by your personal physician
along with your application.**

Physician's Release (Required)

In compliance with the New Jersey State Health Code, I have recorded a physical examination and medical history for _____ and have found him/her to be free of any physical or emotional impairment which is of potential risk to patients or staff, or which might interfere with the performance of his/her duties.

Please state limitations, if any:

Signature of Physician		Date	
Print Name			
Address			
City ST ZIP Code			
Work Phone			