

THE VALLEY HOSPITAL
(201) 447-8138

DATE _____

JUNIOR VOLUNTEER APPLICATION

Applicants are accepted on a "first come first serve" basis. Once the maximum number of applications are received, all others are put on a waiting list

PLEASE PRINT NAME _____ MALE ___ FEMALE ___
(Last) (First)

ADDRESS _____
Street Town Zip Code

EMAIL ADDRESS _____

HOME PHONE # _____ PARENT/GUARDIAN _____

EMERGENCY NAME & NUMBER _____

HIGH SCHOOL _____ Year of Graduation _____

Why would you like to volunteer at Valley? _____

What special training/skills do you have? _____

What are your hobbies: _____

Are you interested in a health career? _____

If so, what area? _____

If not, what is your ambition? _____

Do you know anyone who works or volunteers at this hospital? _____

If yes, then who? _____

(OVER)

Any prior:

Community Activities? _____

If yes, please describe _____

Do you have office/data entry or computer experience (please describe) _____

When are you available to volunteer (give specific time periods, days of the week and/or weekends)

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

Please check here if you are interested in off site location (within 5 miles): _____

Please list two personal references & phone numbers: (Doctor, Clergyman, Teacher)

1. _____ 2. _____

I agree to adhere to the requirements of the Junior Volunteer Program and the regulations of The Valley Hospital. I am fourteen years old and currently in high school.

Signature: _____ Date of Birth: _____

I assume responsibility for his/her transportation and uniform (\$15.00). He/She has my permission to serve at minimum of two hours each week and will complete a total minimum of 50 hours.

Parent/Guardian Signature

THE VALLEY HOSPITAL
Ridgewood, N.J.

VOLUNTEER STATEMENT OF CONFIDENTIALITY

The Valley Hospital has a legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality of their health information. In the course of my assignments at Valley Hospital, I may come into the possession of confidential patient information, even though I may not be directly involved in providing patient services.

I understand that such information must be maintained in the strictest confidence while I serve as a volunteer and after I terminate or conclude my relationship with The Valley Hospital. As a condition of my assignment, I hereby agree that I will not at any time during or after my assignments with Valley Hospital disclose any patient information whatsoever.

When patient information must be discussed with any health care practitioners in the course of my work, I will use discretion to assure that such conversations cannot be overheard by others who are not involved in the patients care.

By signing below, I acknowledge that I have read the above and accept the responsibility associated with these statements. I understand that violation of this agreement may be cause for immediate termination of my association with Valley Hospital.

-

Volunteer Signature

Date

In addition to the promise of confidentiality, I promise to maintain the same standards set for other Valley Hospital Staff.

Return completed application & signed Statement of Confidentiality to:

**The Valley Hospital
223 North Van Dien Avenue
Ridgewood, NJ 07450
Att: Volunteer Resources Dept/ Jr. Volunteer**