



Adult Volunteer Application Form

Date: _____ Desired Site/Location: _____

Please circle: Mr. Mrs. Ms. Birthdate: _____

Name: _____

Address: _____

City, State, Zip: _____

Home Telephone: _____ Mobile Telephone: _____

Email Address: _____

Name and Phone Number of Person to Contact in case of emergency:

Name: _____ Telephone: _____

Relationship: _____

Tell us about your previous volunteer experience:

Organization(s): _____

Type of volunteer work: _____

How many years of volunteer experience do you have? _____

Education level and previous work experience: _____

Please check the skills you possess:

Writing Babysitting/Child Care Greeting/Concierge

Database Entry Golf Outings Training/Teaching

Event Support Marketing Touring

Other skills: _____ Language (other than English): _____

Type of volunteer position preferred: _____

1-888-CHILDREN (244-5373) www.childrens-specialized.org



Volunteer Application Form, continued

Days and hours you are available to volunteer at Children's Specialized Hospital:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Have you ever been convicted of a criminal offense which has not been annulled or sealed by a court?

Check one and affirm with your signature below: Yes No

Volunteer Applicant Signature: _____ Date: _____

In accordance with Children's Specialized Hospital's policy, I confirm that I am **15 years of age or older**. I have attached two (2) letters of reference and authorize Children's Specialized Hospital to contact them if necessary. If accepted as a volunteer at Children's Specialized Hospital, I promise to abide by all the rules and regulations of the hospital and its departments. Failure to comply with hospital policy and confidentiality is understood to be grounds for termination of my volunteer services.

Volunteer Applicant Signature: _____ Date: _____

Return Application and Two References (may be sent separately) to:

For Mountainside Volunteers	For New Brunswick and Hamilton Volunteers	For Toms River Volunteers
Vivian Concepcion Volunteer Services Children's Specialized Hospital 150 New Providence Road Mountainside, NJ 07092	Janet Weston Associate Director of Volunteer Services PSE&G Children's Specialized Hospital 200 Somerset Street New Brunswick, NJ 08901	Vieno Wurret Volunteer Services Children's Specialized Hospital 94 Stevens Road Toms River, NJ 08755

FOR OFFICE USE ONLY:

Volunteer was oriented, given a tour on: _____ Starting Date: _____

Dates Re-Oriented: _____, _____, _____

Comments: _____

Refer to Dept/Site: _____ Staff: _____

Day(s): _____ Hours: _____