Palisades Medical Center Foundation

Date: _____

VOLUNTEER SERVICE APPLICATION

Last Name_____ First Name_____
Address_____Home Phone_____
City/State/Zip_____
E-Mail_____Cell Phone: _____
Date of Birth_____
Mo./Date/Yr

EMPLOYER:
Name: _____
Address_____
Phone_____
City/State/Zip_____

College/University Student
Name of School_____
Campus: _____

In Case of Emergency/Illness
Contact: _____
Relationship: _____

Phone:
Cell _____
Home:_____
Business: _____

Why are you interested in our volunteer program?

_____
_____
_____
_____

Please list any prior volunteer experience:

_____
_____
_____

EDUCATION: Last year completed, degree: _____

LANGUAGES: What languages do you speak? _____

VOLUNTEER PREFERENCES:

Patient care services	Yes_____	No_____
Office Services	Yes_____	No_____

Other Interests: Please List

_____
_____

Rev 03/12

References: Two reference letters are required: (One personal, one business, not family member)

Please have reference letters sent to:

Denise Whitley
Coordinator of Volunteer Services
7600 River Road
North Bergen, NJ 07047
Fax 201 854-5748
Email: dwhitley@palisadesmedical.org

Have you ever been convicted of a crime? _____ If yes, explain when, where and disposition of case_____
_____

Availability: Please note hours available in appropriate spaces.

	Sunday	Monday	Tuesday	Wednes	Thurs.	Friday	Sat.
Time Available							

(Actual commitment time will be determined during interview with the Coordinator of Volunteer Services)

I agree to abide by the requirements and regulations of Palisades Medical Center and the service to which I am assigned. I will serve a minimum of eighty (80) hours after participating in required training. Letters of recommendation will not be issued prior to completion of 80 hours of volunteer time.

I authorize Palisades Medical Center and the PMC Foundation to use my name and/or photograph in marketing materials to help promote Volunteer Services at PMC. Please check one Yes____ No____

Signature: _____ Date: _____

Please Note: Completion of this application does not guarantee a volunteer position with the organization.

Exit Interview:

_____
_____
_____
_____

Deposit Returned: _____
Volunteer Signature