



SHORE MEMORIAL
HOSPITAL

SHORE MEMORIAL HOSPITAL
IN-SERVICE VOLUNTEER APPLICATION

Name: _____
(Last) (First) (Middle)

Address: _____
(Street, Apt. #) (City, State) (Zip)

Birth date: _____ Telephone: _____ Work Phone _____ Cell _____

Name of person to contact in case of emergency:

Phone: _____ Relationship: _____

Do you have any special training or skills (computer, medical, etc.) _____

Do you have any handicaps, which could interfere with your work performance? _____

Have you ever been convicted of any violation of the law? () yes () no

If yes, explain: _____

Schedule Preference: () mornings () afternoons () evenings
() Monday () Tuesday () Wednesday () Thursday () Friday () Saturday () Sunday

Yearly: () yes () no Seasonal: () yes () no

Type of Volunteer work preferred:
() patient contact () non-patient contact

Please list two (2) references, **other than family**, who may be contacted:

Name: _____

Phone: _____ Relationship: _____

Address: _____

Name: _____

Phone: _____ Relationship: _____

Address: _____

(Signature of Applicant)

Date

Please mail completed application to: Shore Memorial Hospital Volunteer Office
1 E. New York Avenue Somers Point, NJ 08244