



Thank you for your interest in the Junior Volunteer program at Shore Medical Center.

Volunteers help support the organization and its mission of patient-centered care in a number of capacities including, but not limited to:

- Assisting nursing staff with patient needs
- Clerical positions
- Errands throughout the hospital
- Gift and/or thrift shop help
- Short-term special projects

The following requirements are necessary for consideration:

- **Must be at least 16 years of age**
- Provide a copy of your birth certificate
- Provide a written recommendation from a school teacher or advisor
- Meet with the Volunteer Director for a personal interview
- Attend hospital orientation
- Complete HIPAA education
- Undergo a two-step PPD test for tuberculosis
- Abide by uniform and dress code standards
- Make a commitment of one volunteer shift per week

You may scan and submit your completed application to:

lditroia@shoremedicalcenter.org

Or, you may mail your application to:

Shore Medical Center
ATTN: Volunteer Office
100 Medical Center Way
Somers Point, NJ 08244

Please include your completed Junior Volunteer application (signed by a parent or guardian), a copy of your birth certificate, and letter of recommendation.

If you have any questions about the volunteer application process, please feel free to contact the Volunteer Office at 609-653-3543.

Thank you again for your interest.



Junior Volunteer Application

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

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Birthdate _____ E-Mail Address: _____

In case of emergency, please contact: Name: _____

Phone Number: _____ Relationship: _____

Please list any languages that you can speak (other than English) and your level of familiarity:

What school do you currently attend: _____ Grade: _____

Do you have an interest in the medical field? YES () NO ()

Field of interest: _____

Please indicate your schedule preferences below:

() Morning () Afternoon () Evening

() Monday () Tuesday () Wednesday () Thursday () Friday () Saturday () Sunday

Year-Round: () Summer Only: ()

Type of volunteer work preferred:

Patient Contact: () Non-patient Contact : ()

Please list any previous volunteer experience or other related experience below :

Do you have summer vacation and/or any summer camps planned ? YES () NO () If yes, what dates would you be absent from volunteer service ?

Are you currently working a paid job? YES () NO ()

How did you hear about Shore Medical Center's Volunteer Program ?

Friend () Hospital Volunteer () School () Newspaper () Other() _____
Please specify

Is there any additional information you would like us to know in considering your application ?

I understand I am applying for a position as an unpaid volunteer at Shore Medical Center. I understand that placement in the program is not guaranteed.

(Signature of Applicant)

(Date)

PARENT/GUARDIAN

Your child has expressed an interest in becoming a Junior Volunteer at Shore Medical Center. Please review the enclosed materials and sign below to indicate your approval.

I have read through the application materials provided, and I give permission for my child, _____ (if selected to the Junior Volunteer Program) to volunteer at Shore Medical Center.

Parent/Guardian Signature: _____ Date: _____

Address: _____ Telephone: _____