



Hackensack Meridian
Pascack Valley Medical Center

Dear Prospective Volunteer:

Thank you for your interest in Hackensack Meridian Pascack Valley Medical Center Volunteer Services Program. Joining our dedicated team of volunteers can be a richly rewarding experience for you. Through volunteering you will find challenging, enjoyable activities that will satisfy you while you perform a valuable service to others. To be considered for available volunteer opportunities at Hackensack Meridian Pascack Valley Medical Center, the Adult Application Form and the Health Immunization forms will need to be completed. Additionally, all prospective adult volunteers (ages 18 and above) must submit to a background check.

By completing the application our office can determine the best use of your availability and talents. Please be very specific about which days and times you are able to volunteer; and note that **you must be able to commit to volunteering at least 100 hours per year.**

The completion of the health certificate form must be done by your personal physician. You will not be able to become a volunteer at the hospital until we have received your completed health form accompanied by your application.

When the completed application, health certificate form and the results of the background check are received, you will be contacted by our office to arrange a convenient time for an interview so we can discuss the role you would like to take on as a Volunteer, as well as what volunteer positions are currently available.

I thank you for your interest in our program, and we look forward to hearing from you.

Sincerely,

Luisa Rivas
Community Health Outreach & Volunteer Coordinator
Email: Volunteers@hackensackumcpv.com
Phone: 201-781-1118



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Adult Volunteer Application

Please Check: Miss _____ Mrs. _____ Ms. _____ Mr. _____ **Date:** ___/___/_____

Name: _____ **SSN:** ___/___/_____

Full Address: _____

Home Phone: (_____) _____ - _____ **Cell Phone:** (_____) _____ - _____

May we contact you at work? Yes No **E-Mail Address:** _____

Birth Date: ___/___/_____ (Year optional)

Physical Limitations/Disabilities: Yes, please explain _____ No

Current Status: Student Employed Unemployed Retired

Employed By: _____

Occupation (past/present): _____

Interests/Skills:

- Typing/word processing Clerical/non-typing Computer
- People skills Record keeping Mailings
- Other, please list: _____

Foreign Languages: _____

Volunteer Experience: _____

Volunteer Work Preference:

- Patient contact Non-patient contact Clerical
- Other (please list): _____

Availability Days: _____

Availability Times: _____

Are you available throughout the year? If no, when are you available? _____

**Personal Reference:
(please exclude
relatives)**

Name Telephone

Street Address Town State Zip

Personal Physician:

Name Telephone

Street Address Town State Zip

**In an emergency,
notify:**

Name Home Telephone

Business Phone Relationship

Are you required to volunteer? ___ Yes ___ No **If yes, how many hours?** _____

Have you previously volunteered for Hackensack Meridian Pascack Valley Medical Center?

How did you hear about the Hackensack Meridian Pascack Valley Medical Center? _____

Have you ever been convicted of a crime other than minor traffic violations?

___ Yes ___ No **If yes, please describe:** _____

Please give any other information you feel is pertinent to your application: _____

The above information is accurate and correct to the best of my knowledge. I authorize Hackensack Meridian Pascack Valley Medical Center to conduct a thorough background check that my include a police or reference check.

Signature

Date