

Adult Volunteer Application



Voorhees Pediatric Facility

Please download this application, fill in all of the fields on the form, save to your desktop and print out application to be signed. The application will be collected at the time of the tour.

Date of Application

Full Name

Address

City

State

Zip

Home Phone Number

Cell Phone Number

Business Phone

Email Address

Age

Present Employer

Occupation

Preferred Days to Volunteer:

Hours Preferred:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Emergency Contact

Name:

Telephone Number

I grant Voorhees Pediatric Facility permission to contact employers, educational institutions and personal references to obtain information that might relate to my ability as a volunteer at Voorhees Pediatric Facility.

Signature of Applicant

Date

Education:

Interest and Hobbies:

Special Skills (ex. music, art, sports, clerical skills, ect)

Volunteer Experience

Briefly describe why you are interested in volunteering for Voorhees Pediatric Facility

I certify that the statements herein are true to the best of my knowledge. I understand that in the event any statement made by me is found to be false, my application will become void and my volunteer status will be terminated.

Furthermore I agree that I shall complete all assigned activities in a responsible and professional manner and will uphold and respect the confidentiality of every patient. I grant Voorhees Pediatric Facility permission to contact employers, educational institutions and personal references to obtain information that might relate to my ability as a volunteer at Voorhees Pediatric Facility.

Signature of Applicant

Date



Member National Association of Children's Hospitals and Related Institutions
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