

Please open 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

Email Address

Age

Name of School

Grade

How did you hear about our volunteer program?

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

My son/daughter will be doing volunteer work at Voorhees Pediatric Facility with my full knowledge and consent.

Signature of Parent or Gaurdian

Date

Business Phone Number

Cell Phone Number

Email Address

To photograph, interview, videotape, record and publish information, statement or images.

I authorize and permit representatives of Voorhees Pediatric Facility to photograph, record, conduct media interviews and/or publish my statements, images of myself.

I agree to the use and reproduction of pictures, statements and images of myself or my child for advertising, publicity, newspapers, television and/or radio broadcasts; books, brochure, magazines and newsletters; and videotapes or motion pictures.

Applicant Signature _____

Date _____

Parent Signature _____

Date _____

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

1304 Laurel Oak Road • Voorhees, New Jersey 08043-4392 • Telephone: (856)346-3300 • Fax: (856)435-4223
www.forkidcare.com



Dear Guidance Counselor:

_____ is a student at your school and is applying to the Junior Volunteer Program at Voorhees Pediatric Facility.

When the student applied to be a volunteer, his/her parent/guardian signed a consent form acknowledging the student's commitment of time. Requirements for our Junior Volunteer program are a grade point average "C" or better and a favorable recommendation from the guidance counselor. Please list the student's grade average and any other pertinent comments below. If you have any questions, please feel free to contact me at 346-3300 ext. 160.

Thank you for your cooperation,

Rose Lynch
Volunteer Manager

1. Grade average: _____

2. Is this student dependable?

3. Do you recommend this student for volunteer work?

4. Any additional comments or information that may be helpful is greatly appreciated. Please inform us of any specific strengths or weaknesses of which you might be aware.

Signature of Counselor

Date

Name of School