



**Interest and Hobbies:** \_\_\_\_\_

**Special Skills:** \_\_\_\_\_  
(Example: music, art, sports, clerical skills, etc.)

**Volunteer Experience:** \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ***STATEMENT OF UNDERSTANDING***

- I certify that all statements made in this application are true to the best of my knowledge.
- I understand that Voorhees Pediatric Facility reserves the right to accept or reject my application in its sole discretion.
- I understand that I will be required to have a recent health screening and examination.
- I understand that I will be required to present copies of my immunization records & written verification from my personal physician of:
  - Two MMR vaccines (measles, mumps, and rubella) OR Titers for each disease and verification of immunity to the chicken pox disease
- I understand that I will need to have completed and provided a Quantiferon TB Gold test or two step PPD within the current year.
- I understand that I will need to provide a copy of my Covid-19 Immunization card which is up to date as defined by the CDC.

I authorize and permit representatives of Voorhees Pediatric Facility to photograph videotape, 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.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**