



1304 Laurel Oak Rd
Voorhees, NJ 08043
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Providing Specialized Nursing
& Advanced Pulmonary Care

Voorhees Pediatric Facility High Student Volunteer Application

Date of application: _____

Name: _____
 First **M.I.** **Last**

Address: _____

City: _____ State _____ Zip Code _____

Home Telephone: _____ Cell Telephone: _____

E-Mail address: _____

Age: _____ Grade: _____ Name of School: _____

How did you hear about the volunteer program? _____

My child is volunteering with my knowledge and consent.

Print Parent/Guardian Name

Signature of Parent/Guardian

Cell Phone:

E-Mail address:

Member of National Association of
Children's Hospitals & Related Institutions

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.

Applicant Signature

Parent/Guardian Signature

Date