



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? \_\_\_\_\_

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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:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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***STATEMENT OF UNDERSTANDING***

- 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 for any doses of the COVID-19 vaccine I have received.

**By signing my name below, I also certify that all information provided is correct on the application to the best of my knowledge any false statements provided will be considered just cause for termination.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date