



Application for Volunteer Service



UNDERWOOD-MEMORIAL HOSPITAL

Quality People. Quality Care. Close to You.



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VOLUNTEER SERVICES DEPARTMENT • VOLUNTEER APPLICATION

Please print all required information

PERSONAL INFORMATION

Last Name	First	M.I.	Social Security Number
Address	City	State	Zip
Telephone Number (Home)	Telephone Number (Work)	Name of Spouse	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give exact details of convictions, offenses, where committed, sentencing court, date of sentence and nature of sentence on separate sheet of paper. Convictions are not an automatic bar to volunteering.	Emergency Contact: Name _____ Relationship _____ Telephone Number _____		
In the past 3 years have you knowingly used narcotics, amphetamines or barbiturates which were not prescribed for you by a licensed physician? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:			

GENERAL INFORMATION AND AVAILABILITY FOR WORK

Indicate preference in assignment: Patient _____ Non-Patient _____ Clerical _____			
Why are you interested in becoming a volunteer at UMH?			
Are you available year-round? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently seeking paid employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type?		
Please check if you are a member of: <input type="checkbox"/> UMH Auxiliary <input type="checkbox"/> Retired Senior Volunteer Program			
To the best of your knowledge, will you be available to volunteer for at least twelve months from this date? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will you be available to volunteer a minimum of one 4-hour shift per week? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Days Available to Volunteer: (check all that apply)			
	Morning 8 am-12 pm	Afternoon 12 pm-4 pm	Evening 4 pm-8 pm
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERESTS/SKILLS (Please indicate with a check mark)

Clerical Skills:		
<input type="checkbox"/> Typing	<input type="checkbox"/> Mailings	<input type="checkbox"/> Using Copier
<input type="checkbox"/> Filing	<input type="checkbox"/> Alphabetizing	<input type="checkbox"/> Other (Specify): _____
<input type="checkbox"/> Phone Receptionist	<input type="checkbox"/> Computer	
Communication Skills:		
<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Foreign Language	<input type="checkbox"/> Public Relations
<input type="checkbox"/> Greeter	<input type="checkbox"/> Graphic Arts	<input type="checkbox"/> Other (Specify): _____
Patient Care Services:		
<input type="checkbox"/> Courier Service	<input type="checkbox"/> Making Beds	<input type="checkbox"/> Other (Specify): _____
<input type="checkbox"/> In-Hospital Transport	<input type="checkbox"/> Assist on Patient Floors	
Personal Skills To Use or Teach:		
<input type="checkbox"/> Drawing	<input type="checkbox"/> Crocheting	<input type="checkbox"/> Needlework
<input type="checkbox"/> Painting	<input type="checkbox"/> Sewing	<input type="checkbox"/> Gardening
<input type="checkbox"/> Knitting	<input type="checkbox"/> Crafts	<input type="checkbox"/> Musical Instrument (Specify): _____
Additional Skills/Comments:		

CERTIFICATION

After completing application, please read carefully and sign.

We appreciate your interest in our hospital. A clear understanding of your background will aid us in considering you for a volunteer position.

I give my permission to Underwood-Memorial Hospital to investigate any and all information concerning my application in order to determine my qualifications. This includes, but is not limited to medical clearance, criminal background checks, employment and personal reference checks and educational or certification verification. I understand that any misrepresentation of facts contained in this application may be cause for my rejection or dismissal.

I agree to be photographed by the hospital.

I agree that my personal property carried by me from hospital premises, including my packages, briefcase, or any other hand luggage may be inspected by authorized personnel.

I agree to abide by all hospital rules and regulations. I understand that if placed, my placement will be subject to the conditions of any applicable introductory period established by hospital policies. I understand that this application and any other hospital documents are not contracts of employment, and that any volunteer who is placed may voluntarily leave under proper notice, and may be terminated by the hospital at any time and for any reason.

In the event of resignation or termination, I agree to return all hospital property loaned to me such as identification badges, uniforms, library books, keys, etc.

My signature below indicates that I have read, understood, and consent to the above statements. This authorization or photocopy shall serve as consent for the hospital to request any information concerning my application.

Signature _____ Date _____

Please return application to:
 Volunteer Services Office
 Underwood-Memorial Hospital • 509 North Broad Street • Woodbury, NJ 08096



UNDERWOOD-MEMORIAL HOSPITAL

Affiliated with



I hereby authorize the Volunteer Services Department of Underwood-Memorial Hospital to send my physician, _____, a medical clearance form to be completed. I understand that medical information will be sent by my physician to the Volunteer Services Department.

Signature of Prospective Volunteer
or Parent (if under 18)