

Dear Prospective Volunteer:

Thank you for your interest in volunteering at Robert Wood Johnson University Hospital Hamilton. We accept applications from college students for summer commitments, year round commitments and September through May time commitments.

Please download and complete the attached application and reference forms. In order to expedite your application, please deliver your reference letters to the individuals and primary care physician you have listed on your application. **Do not use relatives.** Once all paperwork has been completed, please return them to me by mail. Address your envelope as noted below. E-mails or faxes will **not** be accepted.

**RWJ Hamilton**  
**One Hamilton Health Place**  
**Hamilton, NJ 08690**  
**Attn: Volunteer Office**

- 1) Open volunteer positions for **year round or summer of 2017** will be filled on a “*First Come, First Serve*” basis. You should submit your summer application packet to the volunteer office as early as possible to assure consideration, but definitely no later than Friday, May 5<sup>th</sup>.

Once your completed application packet is received, you will be contacted to schedule an interview to discuss the needs of the hospital and our current openings. If it is determined that our association would be mutually beneficial, the remaining steps to become a volunteer will be reviewed and scheduled at the time of the interview.

- 2) If the summer or year round timeline does not coincide with your availability and you are able to commit to volunteering **September, 2017 through May, 2018**, please submit your application packet to the volunteer office in July or August. Any open volunteer positions for the academic year September, 2017 through May, 2018 will be filled on a “*First Come, First Serve*” basis. You should submit your school year application as early as possible to assure consideration, but definitely no later than Friday, August 11, 2017.

Once your completed application packet is received, you will be contacted to schedule an interview to discuss the needs of the hospital and our current openings. If it is determined that our association would be mutually beneficial, the remaining steps to become a volunteer will be reviewed and scheduled at the time of the interview.

I look forward to meeting you and potentially working with you as part of the Robert Wood Johnson University Hospital Hamilton volunteer program.

Sincerely,

*Kathryn M. Gabel*

Kathryn M. Gabel  
Director, Volunteer Services

# COLLEGE

Please check off time frame you wish to volunteer

- Year Round Commitment
- Summer 2017
- September, 2017 through May, 2018

# Volunteer Application



**Robert Wood Johnson** | **RWJ**Barnabas  
**University Hospital** | **HEALTH**  
**Hamilton**

## Personal Information

## Required

Last Name		First	M.I.	Social Security Number	
Address		Street & Number	City	State	Zip Code
Telephone Number (Home)		Telephone Number (Cell)		Telephone Number (Work)	
Date of Birth: ____ / ____ / ____		Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>		Mandatory E-Mail Address: _____	
Emergency Contact Name, Address & Relationship			Telephone Number (H)	Telephone Number (W)	
Do you wish to declare yourself handicapped? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe the nature _____					
How did you learn about the volunteer program at Robert Wood Johnson University Hospital Hamilton?					

## General Information and Availability for Service

Assignment preference: Central Sterile Runner  Emergency Dept  Patient Transport  Physical / Occupational Therapy   
 Other  Please explain \_\_\_\_\_

Are you available year-round? \_\_\_\_ Yes \_\_\_\_ No If no, when are you away? \_\_\_\_\_

To the best of your knowledge, will you be available to volunteer for at least twelve months from this date? \_\_\_\_ Yes \_\_\_\_ No

Will you be available to volunteer a minimum of 200 hours over a twelve-month period? \_\_\_\_ Yes \_\_\_\_ No

Have you previously served as a volunteer? Yes  No  Hospital / Agency: \_\_\_\_\_

Area of Service: \_\_\_\_\_

Are you currently seeking paid employment? \_\_\_\_ Yes \_\_\_\_ No If yes, what type? \_\_\_\_\_

Are you interested in fundraising? \_\_\_\_ Yes \_\_\_\_ No Would you like more information on joining the RWJ Hamilton Auxiliary \_\_\_\_ Yes \_\_\_\_ No

Comments: \_\_\_\_\_

### Days available to volunteer. (Check all that apply)

	Morning 8 am – 12 noon	Afternoon Noon – 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 (may not be available)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
____ Sunday (may not be available)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please visit our website at [www.rwjhamilton.org](http://www.rwjhamilton.org) ; Click on "About Us" tab; Click on "Volunteer Opportunities" link to review our current volunteer openings.

## Work Experience

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Retired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Employer Name and Address:	Supervisor's Name	Telephone Number
Volunteer Agency Name and Address:	Supervisor's Name	Telephone Number

## Why are you interested in volunteering at RWJ Hamilton?

--

## References DO NOT LIST RELATIVES

<b>Personal / Professional Reference</b> (Name, Address, City, State, Zip) 1.
<b>Personal / Professional Reference</b> (Name, Address, City, State, Zip) 2.
<b>Primary Care Physician</b> (Name, Address, City, State, Zip) 3.

## College Students

College	Advisor	Telephone Number
Student's College Address	Street Number	City State Zip Telephone Number
Major / Minor	Cumulative Average	Science Average
Field of Interest	Year of Graduation	Dates of Internship From _____ to _____
Are you receiving school credit for your volunteer work? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many credits will you receive?	How many hours do you need to complete?



REFERENCE #1

One Hamilton Health Place  
Hamilton, NJ 08690  
Attn: Kathy Gabel, Volunteer Services

Dear Sir / Madam:

\_\_\_\_\_ has applied to be a volunteer at Robert Wood Johnson University Hospital Hamilton and used your name as a reference. Would you please answer the following questions and return the form to me in the enclosed envelope?

How long have you known the applicant? \_\_\_\_\_

What qualities do they possess that would make them successful as a volunteer?

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

Would you recommend this person to be a hospital volunteer? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else we should know about this person? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Your Phone Number \_\_\_\_\_

**All information you provide will be considered confidential.**

Thank you for taking the time to fill out this reference form.

Very truly yours,

*Kathryn M. Gabel*

Kathryn M. Gabel  
Director, Volunteer Services

REFERENCE #2

One Hamilton Health Place  
Hamilton, NJ 08690  
Attn: Kathy Gabel, Volunteer Services

Dear Sir / Madam:

\_\_\_\_\_ has applied to be a volunteer at Robert Wood Johnson University Hospital Hamilton and used your name as a reference. Would you please answer the following questions and return the form to me in the enclosed envelope?

How long have you known the applicant? \_\_\_\_\_

What qualities do they possess that would make them successful as a volunteer?

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

Would you recommend this person to be a hospital volunteer? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else we should know about this person? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Your Phone Number \_\_\_\_\_

**All information you provide will be considered confidential.**

Thank you for taking the time to fill out this reference form.

Very truly yours,

*Kathryn M. Gabel*

Kathryn M. Gabel  
Director, Volunteer Services

**CONFIDENTIAL INFORMATION** Reference #3 – Physician Reference

**TO:** \_\_\_\_\_ Dr. \_\_\_\_\_ **DATE:** \_\_\_\_\_

Your name has been given to us as a reference by:

Name: \_\_\_\_\_

Address \_\_\_\_\_

who has applied for volunteer services not requiring medical training. Knowledge of a prospective volunteer's medical background is necessary for making a suitable assignment, not only for the applicant's protection, but also for the protection of the hospital's patients. A prompt reply on this form will be appreciated and treated as confidential.

1. How long have you known the applicant? \_\_\_\_\_
2. How recently have you seen the applicant medically? \_\_\_\_\_
3. Does the applicant have any physical or emotional conditions that we should know about before giving him or her an assignment? \_\_\_\_\_  
 \_\_\_\_\_
4. Does the applicant have allergies, diabetes, or another condition that we should be aware of in case of an emergency? \_\_\_\_\_
5. Is the applicant physically capable of pushing a wheelchair or stretcher? \_\_\_\_\_  
 If no, please state why \_\_\_\_\_
6. Do you recommend the applicant for volunteer work in a hospital setting? \_\_\_\_\_
7. Comments \_\_\_\_\_

**Medical Records** - Attach copy of vaccination history and/or document dates of **previous testing on file:**

**MMR** (Measles (Rubeola) / Mumps / Rubella (German Measles)) #1 Date: \_\_\_\_\_ #2 Date: \_\_\_\_\_

**Varicella** (Chicken Pox) #1 Date: \_\_\_\_\_ #2 Date: \_\_\_\_\_  
*(Persons born in or after 1956 are required to provide documented immunity by furnishing dates of vaccination above; a copy of vaccination history; serum immune titer indicating immunity; or date of recent vaccination. If your patient is born prior to 1956, no documentation is necessary).*

**Flu Shot** Date: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Lot # \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
*(RWJ Hamilton will provide the Flu shot)*

**Previous Tuberculosis testing:** \_\_\_\_\_ Date read: \_\_\_\_\_ Results: \_\_\_\_\_  
 \_\_\_\_\_ Date read: \_\_\_\_\_ Results: \_\_\_\_\_  
 (-0- mm neg.)

**Record of last Chest X-Ray:** Date: \_\_\_\_\_ Results: \_\_\_\_\_  
*(Required only if there is a history of positive PPD)*

**MD Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MD Office Stamp Required**

Please return to: Kathryn M. Gabel, Director, Volunteer Services  
 Robert Wood Johnson University Hospital Hamilton  
 One Hamilton Health Place  
 Hamilton, NJ 08690-3599

