



Dear Prospective Volunteer:

Thank you for your interest in Hackensack Meridian Health Mountainside Medical Center Volunteer Services Program. Joining our dedicated team of volunteers can be a richly rewarding experience. Through volunteering you will find challenging, enjoyable activities that will satisfy you while you perform a valuable service to others.

To be considered for available volunteer opportunities at Hackensack Meridian Health Mountainside Medical Center, the Adult or Junior Application Forms must be completed and submitted to the Volunteer Office via Fax 973-680-7819 or mailed to the Volunteer Office, 1 Bay Avenue, Montclair, NJ 07042.

By completing the application our office can determine the best use of your availability and talents. Please be very specific about which days and times you are able to volunteer; and note that **you must be able to commit to volunteering at least 75 hours per year.**

If your availability matches our needs you will be contacted to schedule an interview to discuss the role you would like to take on as a Mountainside Medical Center Volunteer, as well as what volunteer positions are currently available. At this time you will receive the health forms to be completed by your physician.

I thank you for your interest in our program, and I look forward to hearing from you.

Sincerely,

Grettel Muscato, MPA  
Director, Community Services and Volunteers



Hackensack  
Meridian Health  
Mountainside  
Medical Center

## Adult Volunteer Application Form

**Please Check:** Miss \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_ Mr. \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_\_\_

**Name:** \_\_\_\_\_ **SSN:** \_\_\_/\_\_\_/\_\_\_\_\_

**Full Address:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Cell Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**May we contact you at work?**  Yes  No **E-Mail Address:** \_\_\_\_\_

**Work Phone #** \_\_\_\_\_

**Birth Date:** \_\_\_/\_\_\_/\_\_\_\_\_ (Year optional)

**Physical Limitations/Disabilities:**  Yes, please explain \_\_\_\_\_  No

**Current Status:**  Student  Employed  Unemployed  Retired

**Employed By:** \_\_\_\_\_

**Occupation (past/present):** \_\_\_\_\_

**Are you currently, or have you been in the past 6 months, a patient in Hackensack Meridian Health  
Mountainside Medical Center Mental Health Program?**  Yes  No

### Interests/Skills:

- |  |  |                                   |
|--|--|-----------------------------------|
| <input type="checkbox"/> Typing/word processing    | <input type="checkbox"/> Clerical/non-typing | <input type="checkbox"/> Computer |
| <input type="checkbox"/> People skills             | <input type="checkbox"/> Record keeping      | <input type="checkbox"/> Mailings |
| <input type="checkbox"/> Other, please list: _____ |  |                                   |

**Foreign Languages:** \_\_\_\_\_

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

### Volunteer Work Preference:

- |   |  |                                   |
|---|--|-----------------------------------|
| <input type="checkbox"/> Patient contact            | <input type="checkbox"/> Non-patient contact | <input type="checkbox"/> Clerical |
| <input type="checkbox"/> Other (please list): _____ |  |                                   |

Availability Days: \_\_\_\_\_

Availability Times: \_\_\_\_\_

Are you available throughout the year? If no, when are you available? \_\_\_\_\_

**Personal Reference:**  
(please exclude relatives)

Name		Telephone		
Street Address	Town	State	Zip	

**Personal Physician:**

Name		Telephone		
Street Address	Town	State	Zip	

**In an emergency, notify:**

Name		Cell Phone		
Business Phone		Relationship		

Are you required to volunteer?  Yes  No **If yes, how many hours?** \_\_\_\_\_

**Have you previously volunteered for Hackensack Meridian Health Mountainside Medical Center?**  
\_\_\_\_\_

**How did you hear about Hackensack Meridian Health Mountainside Medical Center Volunteer Program?**  
\_\_\_\_\_

**Have you ever been convicted of a crime other than minor traffic violations?**

Yes  No **If yes, please describe:** \_\_\_\_\_

**Please give any other information you feel is pertinent to your application:** \_\_\_\_\_

**The above information is accurate and correct to the best of my knowledge. I authorize Hackensack Meridian Health Mountainside Medical Center to conduct a thorough background check that may include a police or reference check.**

\_\_\_\_\_  
**Signature**

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