



Department of Volunteer Services
Junior Volunteer Application

Dear Prospective Volunteer:

Please read this letter *carefully* for the requirements of becoming a volunteer at Hackensack Meridian Medical Center.

Requirements:

- Minimum age is 14 years old.
- Must be able to attend a 2-hour training session.
- *Must have one (1) letter of reference from a teacher or guidance counselor.*
- Must be able to devote a minimum of 75 hours and three to five months consecutive service in a calendar year to be entitled to a letter confirming hours volunteered.

Contact Information:

- Ms. Kirat Walia, Administrative Assistant, Community/Volunteer Services, (973) 429-6012

Possible duties performed by junior volunteers include patient transport, errand running, clerical duties, envelope stuffing, Gift Shop sales representative, filling water pitchers, patient visitor.

If your availability matches our needs you will be contacted to schedule an interview to discuss the role you can take on as a Hackensack Meridian Health 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.

IMPORTANT NOTE: Application and the letter of recommendation from a teacher or guidance counselor must be submitted together to be reviewed by our office.

Sincerely,

Grettel Muscato, MPA
Director, Community Services and Volunteers



Hackensack
Meridian Health
Mountainside
Medical Center

JUNIOR VOLUNTEER APPLICATION

Date: _____ Miss _____ Mr. _____
 Name: _____ Nick Name: _____
 Address: _____
 Date of Birth: _____ Social Security #: _____
 Phone Number: _____ School Grade: _____
 Cell Number: _____ E-Mail: _____
 School you attend/address: _____

Do you have past experience as a volunteer? (If yes, please explain):

Please circle the type(s) of volunteer tasks that interest you.

- | | | |
|-----------------------|------------------|------------------------|
| Clerical/non-typing | Filing | Filling water pitchers |
| Transporting patients | Answering phones | Directing visitors |
| Collating paperwork | Retail sales | Delivering items |

Days and hours that you are available to volunteer: _____
 Physician's name, address and phone number: _____

Do you have a family member who presently works for Hackensack Meridian Health Mountainside Medical Center?

 If yes, please list name, their relationship to you and their location: _____

Applicant's Signature: _____ Date: _____

Parental Consent:

My child, _____ is at least 14 years of age or older, and has my consent to serve as a junior volunteer at Hackensack Meridian Health Mountainside Medical Center. He/she is in good health and upon completion of the required training course, will be responsible to complete their volunteer assignment. The Director of Volunteer Services will determine the volunteer assignment during an interview.

Parent Signature _____ Date _____
 Relationship _____ Cell Phone # _____

