

## Your invitation to volunteer with Bergen New Bridge Medical Center

Dear Future Volunteer:

We are delighted that you are willing to serve the needs of others through volunteer service. The rewards will be significant to you as a volunteer and to the patients/residents of the Medical Center.

The process for applying is quite simple. Following are the items that are required prior to acceptance as a volunteer and an explanation of their purpose:

**Two Reference Letters**

The letters can be from an employer, teacher, clergy person, or a volunteer coordinator – sorry, letters from family members are not acceptable.

**Completed Application**

All sections of the application must be completed. Parental/guardian section must be signed if prospective volunteer is a minor (under 18) or under guardianship.

**Authorization for Release of Information**

It is the policy of Bergen New Bridge Medical Center to conduct criminal background checks on all of its volunteers. Volunteers will not be assigned without background clearance. This will be performed prior to your beginning your volunteer assignment. When the background check is completed, TB test will be scheduled.

**TB Skin Test**

You will need a two-step Mantoux skin test (TST). The test is given in two parts, one to three weeks apart, to demonstrate absence of tuberculosis. One of the tests **MUST** be administered at Bergen New Bridge Medical center. Each of these tests must be “read” by the Employee Health Nurse or his/her designee within 48 to 72 hours after it has been administered. Mantoux (TST) tests are simple, painless and provided at no cost. You will be scheduled for the Mantoux (TST) test after your background check is complete. If you have had a previous positive result on Mantoux testing or have been treated for tuberculosis, a chest x-ray is required from your physician. Mantoux testing is required by the State of New Jersey for all volunteers. Volunteers are required to have an annual Mantoux (TST) test thereafter.

**Volunteers are requested to commit to a minimum of 60 hours within one year**

PLEASE BE ADVISED THAT YOU WILL **NOT** BE CLEARED TO BEGIN VOLUNTEERING  
UNTIL ALL REQUIRED DOCUMENTS ARE COMPLETED AND RECEIVED BY THE VOLUNTEER OFFICE.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Parent/ Guardian Name (if applicable): \_\_\_\_\_

Signature of Parent/ Guardian (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_

Bergen New Bridge Medical Center  
230 East Ridgewood Ave. • Paramus, NJ 07652

# Volunteer Application

## Please Print All Information

Bergen New Bridge Medical Center • 230 E. Ridgewood Avenue • Paramus, NJ 07652 • 201-967-4000 • www.newbridgehealth.org

### PERSONAL INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

HOME PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ CELL PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

Have you ever been employed at Bergen New Bridge Medical Center or Bergen Regional Medical Center?  Yes  No

If yes, please list position, department, dates and reason for leaving. \_\_\_\_\_

Have you ever volunteered at Bergen New Bridge Medical Center or Bergen Regional Medical Center before?  Yes  No

Please name any relatives currently employed at Bergen New Bridge Medical Center. \_\_\_\_\_

How were you referred to Bergen New Bridge Medical Center? Please specify name or source:

Friend/relative? \_\_\_\_\_ Advertisement: \_\_\_\_\_ Internet/Website: \_\_\_\_\_ Other: \_\_\_\_\_

### CURRENT EMPLOYMENT

Dates Employed: From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Complete Name of Employer: \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

### EDUCATION

School	Course of Study	No. of Years Attended	Graduated	Degree
High School: _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College: _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Graduate: _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

### LICENSURE

Please list all professional/technical licenses or certifications you have acquired (original license/certificate required).

TYPE	STATE	LICENSE/CERTIFICATION #	EXPIRATION DATE	PENDING
_____	_____	_____	_____	_____

### SPECIAL TRAINING

Please list other applicable experiences, skills, training or qualifications (professional, technical and/or mechanical):

Foreign Languages:  Speak: \_\_\_\_\_  Read: \_\_\_\_\_  Write: \_\_\_\_\_

### ASSIGNMENT DESIRED (Please circle all that apply)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday  
Time Availability: Early Morning (8:00 a.m.) Morning Afternoon Evening (until 8:00 p.m.)  
Number of Hours Desired: \_\_\_\_\_ Are you available throughout the year? Yes No  
If no, please specify dates/seasons you are unavailable: \_\_\_\_\_

## PREFERENCES/INTERESTS

Type of volunteer work desired (if known): \_\_\_\_\_

Are you comfortable interacting with patients?      Yes      No      Unsure

Is there work you would be unwilling or unable to perform? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF OR PLEAD GUILTY TO A CRIME OR OFFENSE OTHER THAN A TRAFFIC VIOLATION?

YES    NO

IF YES, PLEASE STATE THE NATURE OF ANY OFFENSE, THE DATE OF ANY OFFENSE AND ANY REHABILITATIVE EFFORTS YOU HAVE MADE. *A conviction or guilty plea is not an absolute bar to volunteer service, but will be considered in relation to specific assignment requirements.*

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

## IN CASE OF EMERGENCY, PLEASE NOTIFY:

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

Address: \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Alternate Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

I certify that all statements I have made on this application and on supplementary materials are true and correct. I hereby authorize the Medical Center to investigate the accuracy of this information. I am aware that a successful criminal background check, two-step Mantoux (PPD) tuberculosis testing, receipt of two valid references and volunteer orientation are required before placement as a volunteer at Bergen New Bridge Medical Center. I understand that all assignments are on a voluntary basis at all times, without monetary compensation or benefits, and not as a paid employee. The Medical Center reserves the right to terminate a volunteer's services at any time, with or without cause.

This institution does not discriminate in accepting volunteers or any other decision on the basis of race, sex, sexual orientation, citizenship, national origin, ancestry, Vietnam era veteran status or on the basis of age, physical/mental disability unrelated to ability to perform the assigned tasks. No question on this application is intended to secure information to be used for such discrimination.

I authorize the investigation of all statements contained herein as a condition of volunteering. I authorize Bergen New Bridge Medical Center and/or its agents, including consumer reporting bureaus to verify any of this information including, but not limited to, criminal history. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. In the event that such report is made, I understand that, upon written request made within a reasonable period of time, a complete and accurate disclosure of the nature and scope of the investigation requested will be made.

I agree to abide by all the rules and regulations of Bergen New Bridge Medical Center.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My son/daughter has my permission to volunteer at Bergen New Bridge Medical Center. I understand that he/she must abide by the rules and standards of the Medical Center and I will support his/her efforts to do so. I hereby give my permission for a criminal background check to be conducted on my son/daughter. The Medical Center also has my permission to administer a two-step Mantoux (PPD) test for tuberculosis prior to my son/daughter's placement and annually thereafter.

Signature of Parent/Guardian (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**  
**FOR BERGEN NEW BRIDGE MEDICAL CENTER USE ONLY**

FINAL BACKGROUND CHECK RECEIVED: \_\_\_\_\_ TWO REFERENCES RECEIVED: \_\_\_\_\_

PARENTAL/GUARDIAN CONSENT REQUIRED?    Yes    No    RECEIVED?    DATE: \_\_\_\_\_

DATE INTERVIEWED: \_\_\_\_\_ INTERVIEWED BY: \_\_\_\_\_

ASSIGNMENT: \_\_\_\_\_ DEPT. : \_\_\_\_\_

TWO-STEP MANTOUX COMPLETED: \_\_\_\_\_ ORIENTATION COMPLETED: \_\_\_\_\_

START DATE: \_\_\_\_\_

**SCHEDULE**

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
TIMES:							



A Clinical Affiliate of **RUTGERS**

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