



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.

We require the following items to complete the application process. We provide a brief explanation of their purpose to assist you in completing each section:

Two Reference Letters

The letters can be from an employer, teacher, clergy person, or a volunteer coordinator. We cannot accept reference letters from family members.

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.

Tuberculosis Test

You will need a QuantiFERON test (TST). QuantiFERON (TST) tests are simple and provided at no cost. You will be scheduled for the QuantiFERON (TST) test after your orientation is complete. If you have had a previous positive result on a tuberculosis test or have been treated for tuberculosis, a chest x-ray is required from your physician. Tuberculosis testing is required by the State of New Jersey for all volunteers. Volunteers are required to have an annual tuberculosis test thereafter.

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

Please note: 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, 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 test for tuberculosis prior to my son/daughter's placement and annually thereafter.

Signature of Parent/Guardian (if applicable): _____ Date: _____