



ENGLEWOOD

HOSPITAL AND MEDICAL CENTER

350 Engle Street • Englewood, NJ 07631 • 201-894-3066

Junior Volunteer Application

Qualifications: Student must be in 9th grade and be 14 years of age.

Name: _____ Date: _____ DOB: _____

Addr: _____ H/Phone: _____ Cell: _____

City: _____ St: _____ Zip: _____

School you attend: _____ Grade: _____ Yr Graduate: _____

Physician's Name: _____ Phone #: _____

Addr: _____

City: _____ St: _____ Zip: _____

Parent/Guardian: _____

Addr: _____ City: _____ State: _____ Zip: _____

H/ Phone: _____ Cell: _____

In an emergency whom should we call: Name: _____

Phone #: _____ Relationship: _____

Please circle below the day & time (am or pm) you can serve. Give 1st & 2nd choice.

Mon AM PM Tues AM PM Wed AM PM Thurs AM PM Fri AM PM Sat AM PM Sun AM PM

Sponsor – please evaluate student's qualifications for volunteer service:

School Seal

Signature of school sponsor (required)

Junior Volunteer Pledge: I will: be punctual. do my best on tasks assigned to me.
 accept supervision graciously. obey hospital regulations.
 keep confidential any information entrusted to me concerning patients, nurses or any hospital business.
 conduct myself in a manner befitting a representative of the hospital.

Please check one: I agree to serve a minimum of 75 hrs from Sept. to June.
 I agree to serve 10 weeks in the summer program.

Signature of Junior Volunteer Applicant - Required

Parent/Guardian Agreement: I will permit my daughter/son to serve as a Junior Volunteer at Englewood Hospital & Medical Center. I realize the responsibilities of the Junior Volunteer to his/her duties and to Englewood Hospital & Medical Center, and I will cooperate with my daughter/son to comply with the rules and regulations which have been adopted. I further agree that you may contact the physician names above for a general health reference.

Date: _____ Signature (required) _____

For office use only – do not write in this space:

Dr. _____ ID _____ VN _____ Mc _____ Start _____ Orientation _____