



ENGLEWOOD

HOSPITAL AND MEDICAL CENTER

350 Engle Street • Englewood, NJ 07631

Date: _____

Name: _____ Telephone #: _____

Home Address: _____ Business Telephone #: _____
_____ Email: _____

Current Work Status: Employed _____ Student _____ Retired _____ Other _____

Previous Volunteer Experience: School _____ Agency _____ Hospital _____ Other _____

Volunteer Assignment Preferred: _____ Patient Contact: Yes / No _____

Days Available: Mon _____ Tue _____ Wed _____ Thr _____ Fri _____ Sat _____ Sun _____

Times Available: AM _____ PM _____

Signature: _____

EMERGENCY INFORMATION

Name of Contact: _____

Relationship: _____ Home Phone: _____ Business Phone: _____

REFERENCE

Personal Physician: _____ Telephone #: _____

Address: _____

Personal Reference (ie: Friend, Clergy, Associate): _____ Telephone #: _____

Address: _____

Have you ever previously filed an employment or volunteer application with us? Yes / No _____ If Yes, when: _____

Have you ever worked at this hospital as a: Volunteer _____ Paid Employee _____ If Yes, position held: _____
Dates: From: _____ To: _____ Department: _____

Do you have any relatives or members of your household who work or volunteer at Englewood Hospital and Medical Center? Yes / No _____ If Yes, please specify:
Name: _____ Department: _____ Relationship: _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes / No _____ If Yes, please explain (giving dates). The conviction of a crime is not an automatic bar to volunteering. All factors will be considered. _____

EMPLOYMENT EXPERIENCE List below, beginning with your most recent job.

Organization: _____ Type of Business: _____
 Address: _____ Job Title: _____
 _____ Name & Title of Supervisor: _____
 Dates: From: _____ To: _____ Supervisor's Telephone #: _____
 Describe briefly type of work performed: _____

Organization: _____ Type of Business: _____
 Address: _____ Job Title: _____
 _____ Name & Title of Supervisor: _____
 Dates: From: _____ To: _____ Supervisor's Telephone #: _____
 Describe briefly type of work performed: _____

 Reason for Leaving (Explain): _____

VOLUNTEER EXPERIENCE

Organization: _____ Type of Business: _____
 Address: _____
 _____ Supervisor's Name: _____
 Dates: From: _____ To: _____ Supervisor's Telephone #: _____
 Describe briefly type of work performed: _____

EDUCATION

Circle highest grade completed in each category: High School 9 10 11 12 College 1 2 3 4 Graduate School 1 2 3 4 Total Credits Earned: _____

	Name of School	Address	Degree	Dates		Did you graduate?
				From	To	
High School						
College						
Graduate School						
Other Training						

SKILLS

Cashier: _____ Windows: _____ Computers: _____ Bookkeeping: _____ Typing: _____
 Word Processing: _____ Calculator: _____ Graphics: _____ Foreign Language: _____
 Medical Terminology: _____ Other: _____ Speak: _____
 Write: _____
 Describe any other training, skills or qualifications which you would like us to know in considering your application to volunteer.

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Orientation: _____ Physician's Reference: _____ TB Notice: _____
 Interview: _____ Personal Reference: _____ Mailing List: _____
 _____ Master Card: _____ Vol. Num.: _____
 Training Date: _____ Telephone Cards: _____ Start Date: _____
 Proposed Assignment Place: _____ Day: _____ Time: _____

It is the policy of Englewood Hospital and Medical Center that all Volunteers and applicants for Volunteer Services are afforded equal opportunity without regard to race, color, national origin, religion, sex, age, disability, marital status, atypical hereditary cellular blood trait, draft liability, affectional or sexual orientation.