



JUNIOR VOLUNTEER APPLICATION

Date: _____ Miss _____ Mr. _____ Mx. _____

Name: _____ Nickname, if any: _____

Address: _____

Date of Birth: _____ Social Security #: _____

Phone Number: _____ School Grade: _____

Cell Number: _____

E-Mail: _____

Name of 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 | Collating Paperwork |
| Transporting patients | Answering phones | Directing visitors | Delivering items |

Days and hours that you are available to volunteer:

Emergency Contact:

(Name) _____ (Number) _____

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Physician's name, address and phone number:

Do you have a family member who presently works for Hackensack Meridian 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 16 years of age or older, and has my consent to serve as a junior volunteer at Hackensack Meridian 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 # _____



Hackensack Meridian
Mountainside Medical Center

**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 16 years old.
- Must be able to participate in 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 100 hours and three to five months consecutive service in a calendar year to be entitled to a letter confirming hours volunteered.**
- **Proof of Covid vaccination required.**

Contact Information:

- Email: volunteer@mountainsidehosp.com or call (973) 429-6012

Possible duties performed by junior volunteers include patient transport, errand running, clerical duties, envelope stuffing, filling water pitchers, escorting visitors.

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