



Hackensack Meridian
Mountainside Medical Center

Adult Volunteer Application Form

Please Check: Miss ____ Mrs. ____ Ms. ____ Mr. ____ Mx. ____ **Date:** ____/____/____

Name: _____ **SSN:** ____/____/____

Full Address: _____

Home Phone: (____) ____ - ____ **Cell Phone:** (____) ____ - ____

May we contact you at work? Yes No **E-Mail Address:** _____

Work Phone # _____

Birth Date: ____/____/____ (Year optional)

Physical Limitations/Disabilities: Yes, please explain _____ No

Current Status: Student Employed Unemployed Retired

Employed By: _____

Occupation (past/present): _____

Interests/Skills:

Typing/word processing Clerical/non-typing Computer

People skills Record keeping Mailings

Other, please list: _____

Foreign Languages: _____

Volunteer Experience: _____

Volunteer Work Preference:

Patient contact Non-patient contact Clerical

Other (please list): _____

Availability Days: _____ **Availability Times:** _____

Are you available throughout the year? If no, when are you available? _____

**Personal Reference:
(please exclude
relatives)**

Name Telephone

Street Address Town State Zip

Personal Physician:

Name Telephone

Street Address Town State Zip

**In an emergency,
notify:**

Name Cell Phone

Business Phone Relationship

Are you required to volunteer? ___ Yes ___ No **If yes, how many hours?** _____

Have you previously volunteered for Hackensack Meridian Mountainside Medical Center?

How did you hear about Hackensack Meridian Mountainside Medical Center Volunteer Program?

Please give any other information you feel is pertinent to your application: _____

The above information is accurate and correct to the best of my knowledge. I authorize Hackensack Meridian Mountainside Medical Center to conduct a thorough background check that may include a police or reference check.

Signature

Date



Hackensack Meridian
Mountainside Medical Center

Dear Prospective Volunteer:

Thank you for your interest in Hackensack Meridian Mountainside Medical Center Volunteer Services Program. Joining our dedicated team of volunteers can be a richly rewarding experience. Through volunteering you will find challenging, enjoyable activities that will satisfy you while you perform a valuable service to others.

To be considered for available volunteer opportunities at Hackensack Meridian Mountainside Medical Center, the Adult Application Form must be completed and submitted to the Volunteer Office via Fax to 973-680-7819, email to volunteer@mountainsidehosp.com, or mailed to the Volunteer Office, 1 Bay Avenue, Montclair, NJ 07042.

By completing the application our office can determine the best use of your availability and talents. Please be very specific about which days and times you are able to volunteer; and note that **you must be able to commit to volunteering at least 100 hours per year. In addition, proof of Covid vaccination is required.**

If your availability matches our needs you will be contacted to schedule an interview to discuss the role you would like to 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.

I thank you for your interest in our program, and I look forward to hearing from you.

Sincerely,

Grettel Muscato, MPA
Director, Community Services and Volunteers