

**VANTAGE HEALTH SYSTEM  
TWO PARK AVENUE  
DUMONT, NJ 07628**

**PHONE: (201) 385-4400**

**FAX: (201) 385-2309**

***APPLICATION FOR VOLUNTEER SERVICES***

Thank you for your interest in the Vantage Health System Volunteer Program.

Please complete the form below and return it to the above address, \_\_\_\_\_ We will contact you to arrange and interview with the appropriate department head.

=====  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

(Street)

(Town & State)

(Zip Code)

Person to be contacted in case of an emergency.

Name : \_\_\_\_\_ Relationship : \_\_\_\_\_

Phone Number \_\_\_\_\_

Name and address of your employer or college/university if you're a student.

\_\_\_\_\_ Phone # \_\_\_\_\_

Occupation \* \_\_\_\_\_

Special Training or Interest: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Experience (Volunteer & Professional) \_\_\_\_\_  
\_\_\_\_\_

What type of volunteer work are you seeking? \_\_\_\_\_  
\_\_\_\_\_

Who referred you to our Volunteer Program? \_\_\_\_\_

\*If a student, indicate name of college and what year in school.

Community Affiliations/Organizations/Clubs

Check days and hours you are available to volunteer:

	<u>Morning</u>	<u>Afternoon</u>	<u>Evening</u>
Monday	_____		
Tuesday	_____		
Wednesday	_____		
Thursday	_____		
Friday	_____		
Saturday	_____		
Sunday	_____		

When would you be available to begin as a volunteer at VHS? \_\_\_\_\_

**Confidentiality of Patient Information Pledge**

I acknowledge that I will not divulge any information that I may hear or see during my volunteer work at Vantage Health System, and that I will abide by the Volunteer Rules and Regulations.

**Financial Transactions with Clients**

I understand that Vantage Health System does not permit volunteers to engage in any financial transactions with current or former clients.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signature