



COOPER UNIVERSITY HOSPITAL VOLUNTEER PROGRAM

ADULT VOLUNTEER APPLICATION FORM

The information on this form will help us to find the most satisfying and appropriate volunteer position for you. Your cooperation in fully completing both sides of this form is most appreciated and necessary.

Date _____

Name _____ SS # _____

Address _____
Street town state zip code

Telephone () _____ () _____ Date of Birth _____
Residence business month/day/year

Email: _____

Emergency Contact _____ () _____
Name/relationship telephone number

Limitations Related to Health (if any) _____

Have you volunteered for this organization before? _____ Yes _____ No

Education: Please indicate highest level of education obtained and date. *If still a student, please indicate present year and school.*

Current Status: Occupation _____

Employed by _____

Indicate Hobbies/Skills/Special Interests _____

Languages Spoken or Sign Language Skills _____

Volunteer Experience/Affiliations _____

Personal or Professional References (Please Exclude Relatives)

1. Name _____ Telephone () _____

Address _____ City _____ State _____ Zip _____

2. Name _____ Telephone () _____

Address _____ City _____ State _____ Zip _____

Preferred Assignment: Patient Contact _____ Non Patient Contact _____
Clerical _____ Other _____

INTEREST/SKILLS: (Please indicate, with a check mark, which you would be willing to share as a volunteer here.)

Clerical Skills: ___typing ___filing ___phone receptionist ___using copier ___librarian ___record updating ___ computer ___mailings ___alphabetizing

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Patient care services: ___escort service, transport ___messenger service ___read to patients ___feeding patients ___visiting,
listening ___infant holding ___child care

Additional Skills/comments _____

Reason for Volunteering: _____

Availability: Day (s): _____ Time (s): _____

THE ABOVE INFORMATION IS ACCURATE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature _____ Date _____

YOUR SIGNATURE INDICATES YOUR APPROVAL FOR US TO CHECK REFERENCES. THE ORGANIZATION IS NOT OBLIGATED TO PROVIDE A PLACEMENT, NOR ARE YOU OBLIGATED TO ACCEPT THE POSITION IF OFFERED. OPPORTUNITIES FOR VOLUNTEERS ARE PROVIDED WITHOUT REGARD TO RELIGION, CREED RACE, NATIONAL ORIGIN, AGE OR SEX.

(FOR OFFICE USE ONLY)

Date Received _____

Interview: _____ Date _____ Time _____ Interviewed by: _____

Comments: _____

Placement _____ Date _____ Orientation _____

Volunteer Coordinator
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