



Atlantic
Health System
Chilton Medical Center

Dear Applicant,

Attached is a volunteer application for Chilton Medical Center. Please complete and return to Chilton Medical Center, Volunteer Office, 97 West Parkway, Pompton Plains, NJ 07444 or email it to Chiltonvolunteer@atlantichhealth.org. Based on the information provided in the application, if there is an appropriate fit at the time of submission, the Volunteer Office will call you to schedule an in-person interview. If there is not an appropriate position available at the time your application is received, it will be held for three months. If something becomes available within the three month period, the Volunteer Office will contact you. You will only be called if there is a position available that matches the skill set provided on the application; therefore, it is important to please be specific and share as much information as possible.

Please note that we require a commitment of at least six months from our Volunteers. If you are selected for a volunteer position, you will be given a health certificate form to be completed by your physician. This forms includes documentation of receipt of Tdap vaccine as well as documentation of immunity to measles, mumps, rubella and varicella. Additionally, 2 skin TB tests will be required as well as a flu shot in order to volunteer during the December through May flu season.

**A CRIMINAL BACKGROUND CHECK IS PERFORMED ON ALL ADULT VOLUNTEERS.
BECAUSE OF THIS REQUIREMENT, YOU MUST HAVE A VALID SOCIAL SECURITY NUMBER IN
ORDER TO VOLUNTEER AT CHILTON MEDICAL CENTER.**

Thank you for your interest in the Volunteer Program at Chilton Medical Center.

Sincerely

Denise A. Quackenbush
Coordinator of Volunteer Services



97 West Parkway, Pompton Plains, NJ 07444
Phone: 973.831.5016

To be considered for a volunteer position at Chilton Medical Center, please complete the application and return via email to chiltonvolunteer@atlanticealth.org or via mail to Chilton Medical Center, Volunteer Office, 97 West Parkway, Pompton Plains, NJ 07444.

Last Name: First Name:

Address: City:

State: Zip:

Home Phone: Work Phone:

Cell Phone: Email:

May we contact you at work? Yes No

Emergency Contact Information:

Name: Phone:

Relationship:

Employment Information

Employer:

Address:

Are you a current or former employee of any healthcare facility affiliated with Atlantic Health System?

Yes No

Education and Skills

High School:

College: Degree:

Other Education (Special Training, Graduate, Nursing, etc.):

Are you fluent in any language other than English? Yes No

If so, what language?

Are you currently enrolled in an RN or LPN program? Yes No

Are you a retired RN or LPN? Yes No

Do you have any professional skills you may be interested in lending to volunteering at Chilton Medical Center? Yes No

Criminal History

Have you ever been convicted or pleaded guilty to a crime or criminal offense, other than a minor traffic violation, which has not been expunged or sealed by a court?

Yes No

If yes, please explain:

Onboarding and Service Commitments

Are you able to complete a volunteer commitment of once a week for a minimum of six months?

Yes No

Are you able to undergo mandatory screening and requirement, including: Physical (done at your cost), two tuberculosis tests, criminal background check, interview, orientation, and reference letters (process takes up to one month from the interview)?

Yes No

Availability

Please indicate when you are available for a volunteer assignment.

	Mon	Tues	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							

Evening							
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Please list your top three position or areas for volunteering:

- 1.
- 2.
- 3.

Have you already made contact with a person or department at Chilton Medical Center regarding a specific volunteer position?

Yes No

If so, please list the name of the person, the phone number, and the volunteer position.

Name: Phone:
Position:

Applicant Authorization

I understand that completing this application and/or the interview/screening process are not promises of an offer of assignment. As a volunteer, I have no expectation of compensation for services provided. If I have provided false or misleading information, I acknowledge that Atlantic Health System may terminate any volunteer assignment immediately.

Name (Printed): Date:

Signature: