



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?** \_\_\_\_\_

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**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](mailto: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