

Interest and Hobbies: _____

Special Skills: _____
(Example: music, art, sports, clerical skills, etc.)

Volunteer Experience: _____

Briefly describe why you are interested in volunteering for Voorhees Pediatric Facility:

STATEMENT OF UNDERSTANDING

- I understand that Voorhees Pediatric Facility reserves the right to accept or reject my application in its sole discretion.
- I understand that I will be required to have a recent health screening and examination within the current year.
- I understand that I will be required to present copies of my immunization records & written verification from my personal physician of:
Two MMR vaccines (measles, mumps, and rubella) OR Titers for each disease and verification of immunity to the chicken pox disease
- I understand that I will need to have completed and provided a Quantiferon TB Gold test or two step PPD within the current year.
- I understand that I will need to provide a copy of my Covid-19 Immunization card for any doses of the Covid-19 vaccine I have received.

By signing my name below, I also certify that all information provided is correct on the application to the best of my knowledge any false statements provided will be considered just cause for termination.

Signature of Applicant

Date

I authorize and permit representatives of Voorhees Pediatric Facility to photograph videotape, record, conduct media interviews and/or publish my statements, images of myself.

I agree to the use and reproduction of pictures, statements and images of myself or my child for advertising, publicity, newspapers, television and/or radio broadcasts; books, brochure, magazines and newsletters; and videotapes or motion pictures.

Signature of Applicant

Date