



92 Brick Road  
Marlton, NJ 08053

Main Phone (856) 489-4520 x240  
eFax (856) 821-1097

Dear Volunteer Applicant,

Thank you for your interest in volunteering at Weisman Children's. We are excited that you are considering to become a part of our dedicated team. Volunteers at Weisman Children's fulfill a significant role in completing the circle of care provided to the children, adolescents, young adults, and their families. As part of the healthcare team, volunteers complement the care of the professional staff in assuring that the needs of patients and families are met. Volunteers provide services through a variety of programs and help our patients to cope with illness and hospitalization. Whether it's reading a story to a child, doing an art project with a teenager or rocking an infant to sleep, volunteers make a big difference!

Volunteer Commitment:

- Be 16 years of age or older
- Complete the application
- Make a time commitment of a minimum of two hours per week for a minimum of three months (hours are available in the mornings, afternoons, evenings, and weekends). We will work together to develop a schedule that will meet everyone's needs.

To join our volunteer team:

- Complete and email or mail application to the attention of the Volunteer Manager at 92 Brick Road, Marlton NJ 08053.
- Once your application is received, you will receive a packet which includes criminal history form, Health Examination and Immunization Record, Medical Questionnaire, and References. 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.
- After all forms are complete you must contact the volunteer manager to schedule an orientation. **All forms will be collected at that time.**

Thank you once again for you interest and I look forward to hearing from you soon!

Sincerely,

Rose Lynch  
Volunteer Manager  
856-489-4520 ext 240  
[volunteerservices@weismanchildrens.com](mailto:volunteerservices@weismanchildrens.com)



Interest and Hobbies: \_\_\_\_\_

Special skills: \_\_\_\_\_  
(Example: music, art, sports, clerical skills, etc.)

Volunteer Experience: \_\_\_\_\_

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Briefly describe why you are interested in volunteering for Weisman Children's:

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***STATEMENT OF UNDERSTANDING***

- I certify that all statements made in this application are true to the best of my knowledge.
- I understand that Weisman Children's 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.
- 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 Varicella (chicken pox).
- 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.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I authorize and permit representative of Weisman Children's Rehabilitation Hospital to photograph, video tape, 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 newsletter and videotapes or motion pictures.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date