



92 Brick Rd Marlton, NJ 08053

Main Phone (856) 489-4520
Administration Fax (856) 489-1169
Business Office Fax (856) 489-4541

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 18 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 your interest and I look forward to hearing from you soon!

Sincerely,

Rose Lynch
Volunteer Manager
856-489-4520 ext 240
volunteerservices@weismanchildrens.com



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ADULT VOLUNTEER APPLICATION

Date of application _____

Full Name _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Emergency Contact/Number: _____ Relationship: _____

AREA OF INTEREST: Check your placement(s) of choice

_____ Marketing _____ Medical Day Care (Pennsauken or Vineland) _____ Therapy (PT/OT/ST/TR)

VOLUNTEER EXPERIENCE:

Do You Have Volunteer Experience? Where? Please Describe: _____

Do you have any special skills/interests/hobbies (i.e. music, art, sports etc.)? If so, please list: _____

Please briefly describe why you are interested in volunteering for Weisman Children's & what you hope to gain by your volunteer experience:

EMPLOYMENT HISTORY:

Place of Employment _____ Position Held _____

Supervisor's Name _____ Contact Information _____

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 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 representative of Weisman Children’s 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.

Signature of Applicant

Date

92 BRICK RD MARLTON, NJ 08053 | P: 856-489-4520 | REHABILITATION HOSPITAL & OUTPATIENT CENTER

405 HURFFVILLE-CROSS KEYS RD SUITE 206
SEWELL, NJ 08080
P: 856-218-3280 | F: 856-218-8027
OUTPATIENT CENTER

450 TILTON RD SUITE 105
NORTHFIELD, NJ 08225
P: 609-344-8400 | F: 609-344-8440
OUTPATIENT CENTER

1206 WEST SHERMAN AVE SUITE 4E
VINELAND, NJ 08360
P: 856-896-6740 | F: 856-696-5962
MEDICAL DAY CARE

2475 MCCLELLAN AVE SUITE B-201 & B-203
PENNSAUKEN, NJ 08109
P: 856-675-1450 | F: 856-675-1652
OUTPATIENT CENTER & MEDICAL DAY CARE