

Dear Prospective Volunteer,

Thank you for being interested in our Bergen New Bridge Medical Center Volunteer Program. We are delighted that you are willing to serve the needs of others, and the rewards will be significant to you as a volunteer and to the patients and residents of the Medical Center. Volunteers are integral members of our team and are held to the same standards and medical requirements as the employees at our facility.

The onboarding process is initiated by submitting the required documentation to jremland@newbridgehealth.org. This includes the application, two references, the signed Confidentiality Agreement, the Deficit Reduction/False Claims Act, and a Background Check form for individuals 18 and older. These documents can be located on our volunteer homepage: <https://www.newbridgehealth.org/volunteer/>

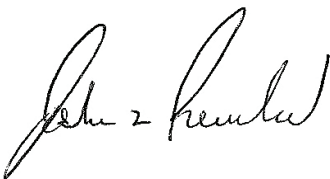
Following receipt of your paperwork, I will send an email requesting you to contact me during my 8am to 4:30pm office hours, Monday through Friday. We will discuss your interest in volunteering at the Medical Center, and then I will assign you Orientation modules for you to complete online.

Once you have completed the Orientation Modules, you will submit proof of your COVID vaccinations and then call or email me to schedule your medical clearance appointment. Blood will be drawn in our laboratory during this appointment to test for tuberculosis and your immunity to other viruses. Please note we require three COVID vaccines to be unmasked or no vaccine and wear a mask at all times while in the Medical Center. The flu shot is mandatory requirement during the season (October to April). Our Employee Health Services department conducts medical clearance appointments for volunteers Monday through Friday from 8am to 10:30am.

Medical clearances generally take around a week to obtain from the time of your appointment. Once received, I will email you to call me so we may set your department, schedule and start date. Volunteer shifts are typically three to four hours, and individuals are expected to maintain a weekly schedule with at least one shift. Information on the array of volunteer assignments can be found on our homepage.

Welcome to the Team!

Sincerely,



Joshua Remland
Manager, Volunteer Services

Teen Volunteer Application

(Ages 14-17 Years Old)

Date: _____

Name: _____
First Middle Last

Preferred Name: _____ Preferred Pronouns: _____
(Optional) (Optional)

Address: _____
Street City State Zip Code

Home Phone: _____ Cell Phone: _____

Email: _____ 14 years or older? Yes No

Do you have a relative currently employed with Bergen New Bridge Medical Center? Yes No

If yes, please provide:

Relative Name (first & last): _____

Location/Department: _____

Emergency Contact

Name: _____

Relationship To Volunteer: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Education Background

Name of High School: _____

Circle Highest Level Completed: 1 2 3 4 N/A

Foreign Languages

Speak Read Write
 Speak Read Write
 Speak Read Write



Preferences/Interests

Type of volunteer work desired (if known): _____

Are you comfortable interacting with the residents and patients? Yes No

Parent or Guardian Consent to Volunteer

If accepted, I _____ (parent/guardian please print) give my permission for my child to join the Teen Volunteer Program at Bergen New Bridge Medical Center. I recognize the commitment of the organization and will cooperate with my child in complying with the rules and regulations which include providing transportation and ensuring that she/he/they faithfully maintains her/his/their scheduled time of volunteer service.

I further concur that while on duty she/he/they are to remain on hospital property unless otherwise instructed by me.

Parent/Guardian Signature: _____

Date: _____

Volunteer Commitment

Qualified applicants are considered for all positions without regard to race, color, creed, ancestry religion, gender identity/expression, sexual orientation, age, national origin, disability, handicap status, marital status, or socioeconomic status.

My signature below confirms my commitment to provide a minimum of 60 hours of service within a year and affirms all the facts set forth in my application for volunteering are true and complete.

I understand that a volunteer's service is by mutual consent and may be separated by the Manager of Volunteer Services, by an executive leader of the Medical Center or the volunteer, at any time with or without cause.

I also understand that volunteers must abide by all hospital rules, regulations, and procedures and failure to carry out the responsibilities of a volunteer and conduct myself in the best interest of the Medical Center and its patients may be grounds for dismissal from the program.

Volunteer Signature: _____

Date: _____