



Thank you for your interest in becoming a part of our dynamic team of volunteers who enhance the patient experience at Shore Medical Center.

Volunteers help support the organization and its mission of patient-centered care in a number of capacities including, but not limited to:

- Acting as a liaison between hospital staff and family members
- Greeting patients and visitors at the information desk
- Serving customers in the Atrium Gift Shop or at one of the Auxiliary's thrift shops located in Marmora and Somers Point

As part of the application process, applicants are required to:

- Complete an application
- Provide two personal references
- Meet with the Volunteer Director or Coordinator for a personal interview
- Attend hospital orientation
- Undergo a two-step PPD skin test for tuberculosis
- Provide documentation of the following blood titers within the past 5 years: MMR, Varicella, and Hepatitis B (for certain positions)
- Submit a form for a required background check
- Volunteer a minimum of four hours per week for at least six months

You may scan and submit your completed application and supporting documents to:

Lisa DiTroia, Volunteer Director at lditroia@shoremedicalcenter.org

Or, you may mail your application to:

Shore Medical Center
ATTN: Volunteer Office
100 Medical Center Way
Somers Point, NJ 08244

If you have any questions about the volunteer application process, please feel free to contact the Volunteer Office at 609-653-3543.

Thank you again for your interest.



Volunteer Services Authorization for Background Check

In connection with your application for volunteer service, Shore Medical Center will perform a background check on all adult applicants. This will include a Social Security number confirmation and a criminal check. Your credit history will not be accessed. Background check will be conducted in compliance with the Fair Credit Reporting Act. If you are denied volunteer service because of the information obtained in this report, you may contact the vendor for clarification.

The vendor is: Verified First
 1550 South Tech Lane
 Suite 110
 Meridian, ID 83642
 844-709-2708

By your signature below, you authorize us to obtain this report in order to consider you for volunteer services.

Please print:

Name: _____

Address: _____

City/State/Zip: _____

Signature: _____

Social Security Number: _____ Date of Birth: ___/___/___

Date completed: _____ approved _____ denied _____

After completion, SSN is erased, and form is attached to profile. If denied, form is returned to applicant.

Please list two people (not related to you) whom we may contact for a reference :

Name : _____ Relationship : _____

Address : _____ Telephone : _____

Name : _____ Relationship : _____

Address : _____ Telephone : _____

In case of emergency, contact :

Name : _____ Phone : _____

Relationship : _____

How did you hear about Shore Medical Center's Volunteer Program ?

Friend () Hospital Volunteer () School () Newspaper () Other() _____
Please specify

Is there any additional information you would like us to know in considering your application ?

I hereby grant the right to use such recordings, audio tapes, video tapes and photographs, including reproduction thereof, in connection with the advertising program of Shore Medical Center, its successors and assigns, in any or all means to media, the right to copyright same and the right to License said program to other hospitals.

Yes ___ No ___ Signature _____

I understand I am applying for a position as an unpaid volunteer at Shore Medical Center. I understand that placement in the program is not guaranteed.

(Signature of Applicant)

(Date)

Please return application with:

Signed confidentiality agreement

Applications can be emailed to: lditroia@shoremedicalcenter.org or mailed to Shore Medical Center Attn: Volunteer Office 100 Medical Center Way, Somers Point, NJ 08244