



Thank you for your interest in the Junior Volunteer program 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:

- Assisting nursing staff with patient needs
- Clerical positions
- Errands throughout the hospital
- Gift and/or thrift shop help
- Short-term special projects

The following requirements are necessary for consideration:

- **Must be at least 16 years of age**
- Provide a copy of your birth certificate
- Provide a written recommendation from a school teacher or advisor
- Meet with the Volunteer Director for a personal interview
- Attend hospital orientation
- Complete HIPAA education
- Undergo a two-step PPD test for tuberculosis
- Abide by uniform and dress code standards
- Make a commitment of one four-hour shift per week

You may scan and submit your completed application to:

lditroia@shoremedicalcenter.org

Or, you may mail your application to:

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

Please include your completed Junior Volunteer application (signed by a parent or guardian), a copy of your birth certificate, letter of recommendation, and PPD consent form signed by a parent or guardian.

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.

CONFIDENTIALITY AGREEMENT

By virtue of your relationship with Shore Medical Center you will have access to information with various levels of sensitivity. It is your responsibility to understand the classification of information and to follow organizational policy regarding collection, access, and dissemination of information.

It is the policy of Shore Medical Center that all users of information shall recognize and uphold the confidentiality and privacy of patient, personnel, and enterprise wide information. Unauthorized collection, access, modification, or dissemination of information will constitute grounds for corrective action up to and including termination of employment or contractual relationship and/or pursuit of civil/criminal action or other legal remedy.

CLASSIFICATION OF INFORMATION

Patient Records: All medical, demographic and financial information related to a patient in the Shore Medical Center is considered confidential and may not be discussed, disclosed or accessed unless such discussion, disclosure or access is to provide direct or indirect patient care activities and/or has been authorized by the patient, his/her legal representative, or organizational protocols.

Personnel Records: All information related to personnel records of those employed or contracted through Shore Medical Center is considered confidential and may not be discussed, disclosed, or accessed unless such discussion, disclosure or access is authorized by the employee/contractee or organizational protocols.

Enterprise Wide Information: Defined by the administrative/management staff and includes information used in the strategic operation of the facility including but not limited to accounting records, vendor records, committee minutes, professional credentialing files etc. It is the responsibility of the administrative and management staff to educate personnel as to what level of sensitivity or confidentiality specific types of information should be classified to and communicate it accordingly.

EXAMPLES OF VIOLATION

Examples of violation include but are not limited to the following:

- Accessing information that is not within the scope of your responsibilities
- Disclosing your password or using another persons password
- Attempting to gain or gaining access to a secured application without proper authorization
- Unauthorized access, discussion, disclosure or altering of confidential patient/personnel information

IMPORTANT: PLEASE READ THE ENTIRE CONFIDENTIALITY AGREEMENT. IF YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING THIS AGREEMENT, PLEASE ASK YOUR IMMEDIATE SUPERVISOR, PERSONNEL REPRESENTATIVE OR AN INFORMATION SECURITY OFFICER.

I, _____ have read, understand and agree to comply with the above confidentiality agreement.
Print Name

Relationship to SMC: ☐ Board Member ☐ Employee ☐ Medical Staff Member ☐ Contractor
☐ Volunteer ☐ Other: _____

Signature

Date



Junior Volunteer Application
Summer 2024

Name: _____
(Last) (First) (Middle)

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Birthdate _____ E-Mail Address: _____

In case of emergency, please contact: Name: _____

Phone Number: _____ Relationship: _____

Please list any languages that you can speak (other than English) and your level of familiarity:

What school do you currently attend: _____ Grade: _____

Do you have an interest in the medical field? YES () NO ()

Field of interest: _____

Please indicate your schedule preferences below:

() Morning () Afternoon () Evening

() Monday () Tuesday () Wednesday () Thursday () Friday () Saturday () Sunday

Year-Round: () Summer Only: ()

Type of volunteer work preferred:

Patient Contact: () Non-patient Contact : ()

Please list any previous volunteer experience or other related experience below :

Do you have summer vacation and/or any summer camps planned ? YES () NO () If yes, what dates would you be absent from volunteer service ?

Are you currently working a paid job? YES () NO ()

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 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)

PARENT/GUARDIAN

Your child has expressed an interest in becoming a Junior Volunteer at Shore Medical Center. Please review the enclosed materials and sign below to indicate your approval.

I have read through the application materials provided, and I give permission for my child,
_____ (if selected to the Junior Volunteer Program) to volunteer at
Shore Medical Center.

Parent/Guardian Signature: _____ Date: _____

Address: _____ Telephone: _____