

COOPER UNIVERSITY HOSPITAL VOLUNTEER PROGRAM

STUDENT VOLUNTEER APPLICATION FORM

Name			Date	
(Last)	(First)	(Middle)		
Address	City	CityStateZip		
AgeDate of Birth	SS#	Telephon	ne	
Email Address:				
Emergency Contact		Telephor	ne	
(Name/re	elationship)			
Name of School			_Grade (circle) 9 10 11 12	
Graduation Year	Career Interest			
Present Employment				
Volunteer Experience (if any) _				
How did you learn about volunt	eering at Cooper?			
Special training, Skills, Interests	, School activities			
Family Physician		Telephon	ie	
Limitations Related to Health_				
Reasons for Volunteering				
I want to volunteer:				
Volunteer Preferences:	•		-	
Availability: Day/s	Tin	ne:		
References: Please choose your clergy, principal, employer, adu		owing: family phy	sician, teacher,	
1. Name		Telephone		
Address	City		StateZip	
2 Name		Talanhana		

age 2 (Student Volunteer Application Form)	
age 2 (Student Volunteer Application Form)	
pplicant's Signature	Date
arent's Signature	Date
our signature indicates your approval for your Child's part our acknowledgement that he or she is in good health and omply with the rules and regulations of the Cooper Health	that you will cooperate with him/her to
ne organization is not obligated to provide a placement, no	or is the student obligated to accept the position if or
pportunities for Student Volunteers are provided without rigin, Age or Sex.	regard to Religion, Creed, Race, National
OR OFFICE USE ONLY)	
ate Received	
date time	_Interviewed b:
omments:	
lacementDate	Orientation

Contact: Volunteer Coordinator

Cooper University Hospital Kel. B64 One Cooper Plaza Camden, NJ 08103 P: 856-342-2995 F: 856-968-8865

E: volunteers@cooperhealth.edu