



**Community Service Project Form
Volunteer Services Department**

Name: _____
FIRST LAST

Address: _____

City: _____ State: _____ Zip Code _____

Home Phone: _____ Cell Phone Number: _____

School/Organization: _____

Hours required: _____ Deadline: _____

Contact person to address your letter of completion to: _____

Address: _____

City: _____ State: _____ Zip Code: _____

**Raritan Bay Medical Center
Volunteer Services
530 New Brunswick Ave
Perth Amboy, New Jersey 08857
Phone: 732-324-5006
Email: Volunteer@HackensackMeridian.org**