

**New Jersey Parents Caucus, Inc.
Volunteer Application**

NAME: _____ DATE: _____

PHONE (H): _____ PHONE (W): _____

ADDRESS: _____

CITY/STATE/ZIP: _____

AGE (IF UNDER 21): _____

In case of emergency notify : _____

RELATIONSHIP: _____ PHONE: _____

EMPLOYMENT:

Please list current employment and any employment applicable to a volunteer position with NJPC.

CURRENT EMPLOYER (if applicable): _____

ADDRESS: _____

POSITION: _____ DATE(S) OF EMPLOYMENT _____

PREVIOUS EMPLOYMENT: Employer / Position / Length of employment

1. _____ / _____ / _____

2. _____ / _____ / _____

3. _____ / _____ / _____

VOLUNTEER EXPERIENCE:

Please list any past volunteer experience(s) and/or assignment(s), the program/agency and approximate date(s):

Volunteered with: _____

Position/duties: _____

Long term / Short term Date(s) of volunteer assignment: _____ to _____

Volunteered with: _____

Position/duties: _____

Long term / Short term Date(s) of volunteer assignment: _____ to _____

EDUCATION/VOCATION:

High School Graduate: yes / no

GED: yes / no

College _____
(name and location of school(s))

List degree(s), profession(s) and/or vocational programs

VOLUNTEER ASSIGNMENT

Volunteer tasks desired: _____

Number of hours per week/month you can commit: _____

Days and times of availability:

MON	<input type="checkbox"/> Morning (9 am – 12 noon)	<input type="checkbox"/> Afternoon (1 pm – 4:30 pm)
TUE	<input type="checkbox"/> Morning (9 am – 12 noon)	<input type="checkbox"/> Afternoon (1 pm – 4:30 pm)
WED	<input type="checkbox"/> Morning (9 am – 12 noon)	<input type="checkbox"/> Afternoon (1 pm – 4:30 pm)
THU	<input type="checkbox"/> Morning (9 am – 12 noon)	<input type="checkbox"/> Afternoon (1 pm – 4:30 pm)
FRI	<input type="checkbox"/> Morning (9 am – 12 noon)	<input type="checkbox"/> Afternoon (1 pm – 4:30 pm)

Special skills, interests, hobbies: _____

What are your expectations as a volunteer? _____

Do you possess any experience related to working with children with special emotional, social and behavioral needs or mental health services? Please elaborate:

Do you have any health problems that might restrict your duties? _____

If yes, please explain: _____

Have you ever been convicted of a crime? _____

If yes, please explain: _____

REFERENCES

Please provide contact information for 3 people who have known you for at least one year:

NAME / PHONE

1. _____ / _____

2. _____ / _____

3. _____ / _____

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge.

Signature: _____

Date: _____

NOTES: REFERENCES CHECKED: _____ DATE: _____ START DATE: _____ ASSIGNMENT/POSITION: _____
