PROSPECTIVE VOLUNTEER APPLICATION

Middlesex County Park System
1030 River Road, Piscataway, NJ 08854
(732) 745-3900

PERSONAL INFORMATION *(please print)*

Name _____

Street Address _____

City, State, Zip _____

If you are a student, please provide the name of school and grade level

_____

List volunteer work or activity interests _____

_____

_____
Day phone number

_____
Evening phone number

_____
Cell phone number

_____
Email

_____
Date of Birth

Circle day(s) available and show hours:

Day:	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
H:							

Are you aware of any circumstances that would prevent or limit you from performing any essential functions of the volunteer activity? ____Yes ____No; If so, please explain fully below:

_____

_____

_____

SKILLS & INTERESTS

Current/previous work or occupation: _____

Previous volunteer experience—what/where? _____

Hobbies, interests, skills: _____

Special training, certifications: _____

REFERENCES

Have you ever been convicted of a crime or plead guilty to an indictable offense? _____Yes _____No

If yes, please explain _____

_____

Where _____When _____ Disposition _____

Please list two personal references, other than family members (full name, address, daytime phone)

1. _____

_____

2. _____

_____

I HEREBY AUTHORIZE the release of the information listed herein concerning me to the Middlesex County Department of Parks and Recreation and absolve Middlesex County from liability for use of same. I HEREBY DECLARE the information provided by me to be true, correct and complete. In addition, I authorize the County of Middlesex to obtain background information concerning my driving and personal record and release the County of Middlesex from any liability regarding the use of this information. I do this willingly, knowingly and as a voluntary act.

Signature: _____Date: _____

If under 18 years of age, signature of parent or guardian:

_____