



**NUTLEY FAMILY  
SERVICE BUREAU**

973.667.1884 • 155 Chestnut Street, Nutley, NJ 07110

## Volunteer Information & Application Form

Name: \_\_\_\_\_  
Last First Middle

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip Code

Email address: \_\_\_\_\_

Social Security # (last 4 digits only): X X X - X X - \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

Emergency Contact Name (1): \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Name (2): \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Previous Volunteer Experience: Please list name(s) of organization(s) and duties performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special skills, training or experience:

(clerical work, public relations, social media, building/carpentry, editing, organization, customer service)

\_\_\_\_\_  
\_\_\_\_\_

Languages (spoken/written): \_\_\_\_\_

Computer literacy (programs): \_\_\_\_\_

## Volunteer Information & Application Form (cont'd)

Do you have a vehicle: Yes:\_\_\_\_\_ No:\_\_\_\_\_

How often are you available: Daily:\_\_\_\_\_ Weekly:\_\_\_\_\_ Monthly:\_\_\_\_\_ Other:\_\_\_\_\_

Circle the days you would like to volunteer: Mon. Tues. Wed. Thurs. Fri. Sat.

Circle the times of day & hours available: Morning (9 - 12) Afternoon (12 - 4) Evening (4 - 8)

In an effort to maintain the safety of our staff, volunteers, and clients, please list two references:

Name:\_\_\_\_\_

Address:\_\_\_\_\_ Telephone:\_\_\_\_\_

Relationship:\_\_\_\_\_

Name:\_\_\_\_\_

Address:\_\_\_\_\_ Telephone:\_\_\_\_\_

Relationship:\_\_\_\_\_

Signature of Volunteer:\_\_\_\_\_ Date:\_\_\_\_\_

*The mission of the Nutley Family Service Bureau is to strengthen the emotional and social well-being of individuals and families through affordable mental health counseling and social service programs.*

*Nutley Family Service Bureau is a 501c3 organization.*