



**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: _____ Date of Birth: _____

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: _____

Have you been convicted of a crime or other offense which has not been expunged by the Court, either in New Jersey or in any other jurisdiction? (A conviction will not necessarily preclude you from volunteering). **Yes** **No** **Opt-out**

Signature of Volunteer: _____ Date: _____