

Volunteer Information & Application Form

Name:			
	Last	First Cell Phone:	Middle
Address:			
	City	State	Zip Code
Social Security # (last 4	digits only): XXX-	x x	<u> </u>
Emergency Contact Na	me (1):		
Phone:		Relationship:	
Emergency Contact Na	me (2):		
Phone:		Relationship:	
Special skills, training o (clerical work, public rel	•	building/carpentry, editing,	organization, customer service
Languages (spoken/writ	tten):		
Computer literacy (prog	rams):		

Volunteer Information & Application Form (cont'd)

Do you have a vehicle: Yes: No:	
How often are you available: Daily: Weekly: Mont	thly: Other:
Check the days you would like to volunteer: Mon. Tues.	Wed. Thurs. Fri. Sat.
Check 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 o	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 either in New Jersey or in any other jurisdiction? (A conviction	. •
volunteering). Yes No Opt-out	
Signature of Volunteer:	Date:

I agree that this agreement may be electronically signed. I agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

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.