



## Volunteer Application

### CONTACT INFORMATION

Name	
Street Address	
City, State & Zip Code	
Phone Number	
Other Phone Number	
Email Address	

### PERSON TO NOTIFY IN CASE OF EMERGENCY

Name	
Street Address	
City, State & Zip Code	
Home Phone Number	
Work Phone Number	
Email Address	
Relationship	

### INTEREST

How did you hear about our Volunteer Program? \_\_\_\_\_

### EMPLOYMENT

#### PLEASE ATTACH MOST RECENT RESUME

If currently employed, name of employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Work Schedule: (Please list days and hours worked) \_\_\_\_\_

\*If employed, for how long: \_\_\_\_\_



EDUCATION (PLEASE CHECK ONE BOX)			
<input type="checkbox"/> Less than high school	<input type="checkbox"/> High School	<input type="checkbox"/> GED/Equivalency	<input type="checkbox"/> Some College
<input type="checkbox"/> Associated Degree	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Professional Degree (PHD; MD; Law)
Are you currently enrolled in school?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, name of institution: _____			
Major: _____		Anticipated Date of Graduation: _____	
Is English your primary language?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If NO, what is your primary language? _____			
Are you fluent in any other language?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please specify: _____			

**BASIC INFORMATION**

Briefly explain, why do you want to become a volunteer?



## INTERESTS

Tell us in which areas you are interested in volunteering:

## SPECIAL SKILLS OR QUALIFICATIONS

Summarize special skills and qualifications you have acquired from employment, previous volunteer/mentoring work, or through other activities, including hobbies or sports.

## PREVIOUS VOLUNTEER EXPERIENCE

Summarize your previous volunteer experience.

## AVAILABILITY

During which hours are you available for volunteering?

- |   |   |
|---|---|
| <input type="checkbox"/> Weekday Mornings   | <input type="checkbox"/> Weekend Mornings   |
| <input type="checkbox"/> Weekday Afternoons | <input type="checkbox"/> Weekend Afternoons |
| <input type="checkbox"/> Weekday Evenings   | <input type="checkbox"/> Weekend Evenings   |



**REFERENCES**

Please list three (3) references who can serve as a character reference. YOU MUST INCLUDE YOUR SUPERVISOR OR ACADEMIC ADVISOR. YOU MAY NOT USE RELATIVES OR SIGNIFICANT OTHERS.

<b>Name</b>	
Relationship to you	
Address	
Phone Number	
Email Address	

<b>Name</b>	
Relationship to you	
Address	
Phone Number	
Email Address	

<b>Name</b>	
Relationship to you	
Address	
Phone Number	
Email Address	

**AGREEMENT AND SIGNATURE**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. By submitting this application, I understand and agree that this application does not obligate me to become a volunteer. This application does not obligate the agency to interview, assign or actively seek to volunteer. This application does not obligate the agency to interview, assign or actively seek to a volunteer position for me. As a part of the agency's application process, professional agency personnel will obtain additional personal information from me. It is my responsibility to ensure that the agency receives all pertinent information. Noncompliance will result in withdrawal of consideration from the program.

Name (Printed)	
Signature	
Date	



**CONTACT INFORMATION**

Please send completed application to:

**Triple C Housing**  
Triple C Housing, Inc.  
1520 US 130, Suite 201  
North Brunswick, NJ 08902