

Denville Township Social Services

1 St. Mary's Place
Denville, NJ 07834
Tel 973-625-8300



VOLUNTEER APPLICATION

Contact Information

Name:

Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- Available on an unscheduled basis
- Weekday mornings Weekend mornings
- Weekday afternoons Weekend afternoons
- Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

Check all that apply

- Food Pantry
- Food delivery
- Food drive
- Holiday Programs
- Special programs
- Newsletter production
- Administration

Special Skills or Qualifications

Summarize any special skills and qualifications which may be helpful that you have acquired from education, employment, previous volunteer work, or through other activities, including hobbies or sports.

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Previous Volunteer Experience

Summarize your previous volunteer experience, if any.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	

Agreement and Signature

I affirm that the facts set forth in this application are true.

As a volunteer for the Social Services Department of Denville Township, I understand that I must respect confidentiality and the privacy rights of clients and not disclose the identity of clients, discuss documents that may be read or viewed by me, or engage in any discussions with clients that might disclose confidential information. My signature below signifies my agreement to comply with the above.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for your application and for your interest in volunteering with us.