

Borough of Fair Lawn
8-01 Fair Lawn Avenue
Fair Lawn, NJ 07410
Phone: 201-794-5327 Fax: 201-475-2975

Date Received: _____

JUNIOR VOLUNTEER APPLICATION

Please Print

Name _____
Last First Middle Home Phone

Address _____
Street City State Zip

Email Address _____
Cell Phone

Parent/Guardian _____

In case of EMERGENCY , please contact _____		
_____	_____	_____
Relationship	Home Phone	Work/Cell Phone
Physician _____	MD Phone _____	

School _____ Year of Graduation _____ Age _____

What future career interests you? _____

Please explain why you chose to volunteer for Fair Lawn _____

Volunteer Experience _____

Work History (if any) _____

If working, please list current employer/address

Hobbies/Interests _____

Are there special skills, experiences or qualifications which you feel would enhance your volunteer assignment? _____

Do you have office/data entry or computer experience (please describe) _____

Foreign Languages Spoken _____

If you are unable to perform specific job functions or duties, please describe those functions or duties.

If you were to choose/ design an assignment, what would it be? _____

Availability- please list all days/times you are available to volunteer.

Days: Sun Mon Tue Wed Thu Fri Sat **Available to start:** _____

Times: Morning Afternoon Evenings **Specify Hours** _____

Please list two references & phone numbers: (Doctor, Clergyman, Teacher, etc.)

1. Name _____

Phone _____

2. Name _____

Phone _____

How did you learn of volunteer opportunities with the Borough of Fair Lawn?

Newspaper Website Community Presentation Referred by: _____

Other: _____

I agree to adhere to the requirements and the regulations of the Borough of Fair Lawn.

Signature of Applicant

Date

I assume responsibility for the Applicants transportation. He/She has my permission to volunteer with the Borough of Fair Lawn in a position to be mutually agreed upon.

Parent/Guardian Signature

Date

I hereby give permission for my child to be photographed and for the Borough of Fair Lawn to use the photos for publicity purposes. (Not required)

Parent/Guardian Signature

Date

Mail completed application to: Fair Lawn Health & Human Services, 8-01 Fair Lawn Ave., Fair Lawn, NJ 07410