



**Borough of Fair Lawn**  
POST OFFICE BOX 376, FAIR LAWN, NEW JERSEY • 07410  
Phone: 201-794-5327 Fax: 201-475-2975

### ADULT VOLUNTEER APPLICATION

Please Print

Name \_\_\_\_\_  
Last First Middle Home Phone

Address \_\_\_\_\_  
Street City State Zip

Email Address \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone

In case of <b>EMERGENCY</b> , please contact _____		
_____	_____	_____
Relationship	Home Phone	Work/Cell Phone
Physician (Optional) _____		MD Phone _____

Please explain why you chose to volunteer for Fair Lawn \_\_\_\_\_

Volunteer Experience \_\_\_\_\_

Occupation/Work History \_\_\_\_\_

If working, please list current employer/address \_\_\_\_\_

Education \_\_\_\_\_

**Current College Students:**

School \_\_\_\_\_ Year of Graduation \_\_\_\_\_ Course of Study \_\_\_\_\_

Foreign Languages Spoken \_\_\_\_\_

Have you ever been convicted of or pleaded guilty to a crime? Yes No

(Do not include those convictions which have been expunged or sealed by a court.) If yes, please explain. Convictions are not an absolute bar to volunteering but will be considered in relation to the position being sought.

\_\_\_\_\_  
\_\_\_\_\_

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

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Hobbies/Interests \_\_\_\_\_

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

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

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**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** \_\_\_\_\_

Are you available throughout the year? Yes No

If not, when are you **NOT** available? \_\_\_\_\_

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