

# Application for Volunteer Opportunities

Plainsboro Township

641 Plainsboro Road, Plainsboro NJ 08536  
Phone 609 799-0909 ext. 332 Fax 609 799-7026

Please print clearly! Return to address above Attn: Recreation Department or via fax.

Name \_\_\_\_\_ Phone [day] \_\_\_\_\_ [eve] \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail \_\_\_\_\_ Do you speak any other languages? \_\_\_\_\_

Education [circle last completed] high school college [2 yr] [4 yr] post-graduate

Occupation: Job Title \_\_\_\_\_ Employer \_\_\_\_\_

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

Do you have your own transportation? \_\_\_\_\_ If not, how will you travel? \_\_\_\_\_

Have you done volunteer work before? \_\_\_\_\_ Please state organization/group and type of volunteer position you held. \_\_\_\_\_

Do you have any goals you would like to meet in volunteering for Plainsboro Township? \_\_\_\_\_

The following section will help us to identify the type of volunteer project[s] which would be of greatest interest to you. Please check any categories of interest. If you have priorities, please indicate. You may use the back for additional information.

Social/Leisure Activities -  youth  adults  Office/Administration  Special Needs/Services  
 Other [please describe] \_\_\_\_\_

Time Available: # hours/ week \_\_\_\_\_ OR # hours/ month \_\_\_\_\_ OR scheduled events \_\_\_\_\_

Preferred **day**[s] of week and **time** of day: weekday \_\_\_\_\_ weekend \_\_\_\_\_

Would you like us to share your application with any other departments which might suit your volunteer interests?  yes  no

Please list 3 references [include name, address, phone number]

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

*For Office Use*

Date Received \_\_\_\_\_ Follow-Up Action \_\_\_\_\_ Referred to \_\_\_\_\_