



Millville P.A.L YOUTH Volunteer Application

Contact Information:

Name: _____

Street Address: _____

City, ST, ZIP Code: _____

Home Phone: _____ Work Phone: _____

Place of Employment: _____

E-Mail Address: _____

This is how you will contact you with important information and upcoming events.

Availability:

During which hours are you available for volunteer assignments?

____ Monday evening's

____ Friday evenings

____ Tuesday evening's

____ Saturdays

____ Wednesday evening's

____ Sundays

____ Thursday evenings

Interests:

Tell us in which areas you are interested in volunteering

____ Sports Program

____ Social Media/Marketing Committee

____ Student Chaperone for PAL events

____ Event Committee

____ Fundraising Committee

____ Other: _____

Special Skills or Qualifications:

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

Applicant Name: _____

Previous Volunteer Experience:

Summarize your previous volunteer experience.

References

Name: _____

Street Address: _____

Phone: _____

Name: _____

Street Address: _____

Phone: _____

Person to Notify in Case of Emergency:

Name: _____

Street Address: _____

City, State, Zip Code: _____

Emergency Phone #: _____

E-Mail Address: _____

Agreement and Signature:

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that since I will be working with children, I am subject to a background check including, but not limited to, fingerprinting and reference checks, prior to participating in any volunteer activities. By signing this application, I hereby give my consent for said background check to be conducted. I also 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.

Name (printed): _____

Signature: _____

Date: _____

Our Policy

It is the policy of this organization to provide equal opportunities in compliance with the New Jersey Law against Discrimination (NJSA 10:1-3, et. seq.).

Please submit your completed application to Camille Howard – PAL Board Member at camille.howard@millvillenj.gov. Or mail to Millville PAL - PO Box 1491, Millville, NJ 08332. You will be notified by email once your application has been approved.