



Volunteer Application

Please print

Last Name: _____ First Name: _____

Address: _____ Phone Number: _____

City/Zip Code: _____

How did you hear about our volunteer program?

Please list any work and/or other relevant experience, including any volunteer experience:

Please list any education and/or training that relates to the volunteer position sought:

Interests, skills, or hobbies:

Are you fluent in any other languages besides English? (Please specify):

Preference of volunteer service:

On Premise of Kip Center

• Kitchen • Classes • Office • Fundraising • Entertainment • Other _____

Home Friends

• Escort • Shopping • Telephone Reassurance • Friendly Visitor

Availability:

• Monday ___ a.m./___ p.m

• Thursday ___ a.m/ ___ p.m

• Tuesday ___ a.m/ ___ p.m

• Friday ___ a.m/ ___ p.m

• Wednesday ___ a.m/ ___ p.m

• Saturday ___ a.m/ ___ p.m

Are you willing to fill in for another volunteer in case of an emergency? • Yes • No

Would you be able to provide transportation for a member to a doctor's appointment, food shopping and/or other essential transportation needs? • Yes • No

If Yes, please complete the following information: *This information is required for all applicants transporting clients*

Name of Car Insurance Co.: _____

Policy Number: _____

NJ Driver's License: _____

Please List two references (non-relatives):

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

City/Zip Code: _____

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

City/Zip Code: _____

I understand the volunteer job I am participating in and will uphold the rules/regulation of the Kip Center:

Signature

Date

Please return to:
55 Kip Center
55 Kip Ave
Rutherford, NJ 07070



Please inform the office of any changes to your information.