



Junior Volunteer Application

Please Print

Last Name: _____

First Name: _____

Address: _____

Phone Number: _____

City/Zip Code: _____

Email: _____

Birthdate: ___/___/_____

School: _____

How did you hear about our volunteer program?

Have you ever done volunteer work before? If yes, please describe:

List your interests, skills or hobbies:

Preference of volunteer service:

- Kitchen
- Special Projects
- Other
- Serve Lunch
- Events
- Entertainment
- Newsletter

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

Please inform the office of any changes to your information.

Please List two references (**non-relatives**):

Name: _____ Phone Number: _____

Address: _____ City/Zip Code: _____

Name: _____ Phone Number: _____

Address: _____ City/Zip Code: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone Number: _____

Parent/Guardian Permission: I understand the volunteer job my son/daughter is applying for and grant permission for his/her participation:

Parent/Guardian Signature

Date

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

Volunteer Signature

Date

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

