

SHIP Volunteer Application

Date: _____

Name: _____

Address: _____

Circle One: Age (5-13) (14-18) (18 and up)

Home Phone: _____ Work Phone: _____

fill out if applicable

Organization Name:

Organization` Address:

Contact Person:

Contact Person's Phone Number:

Job Title/Type of Business:

Hours/Days Available:

Person to call in case of an emergency:

Persons Name: _____

Relationship: _____

Work Phone: _____

Home Phone: _____

Education/Training:

Highest level completed: ____ High School ____ College ____ Graduate School

Diplomas: _____

Degree (s) _____

Majors (s) _____

Vocational Training: _____

Can you operate a car or truck? (Yes/No) Circle one. Type: _____

Do you have a valid drivers license? (Yes/No) Circle one

Have you ever been convicted of a crime? _____

(If so maybe we need to talk about it.)

Work History: (last 5 years or resume)

Volunteer/Community Activity History:

Send your completed application to:

SHIP

87 East High Street
Somerville, New Jersey 08876
Attn: Volunteer Coordinator