

**HUNTERDON COUNTY
VOLUNTEER REGISTRATION AND SCREENING**

(Please Print)

Name: _____

Address: _____

Telephone: _____

Date of birth: _____ Social Security Number (*optional*): _____

Driver's license number: _____

IN CASE OF EMERGENCY NOTIFY:

Name: _____

Address: _____

Telephone: _____

PROGRAMS: Mr. Fixit

I hereby authorize the County of Hunterdon to conduct a background check relevant to my volunteer service which may include criminal history and/or motor vehicle records. I understand my acceptance for participation and continued participation will be dependent upon the results.

Volunteer Signature

Date

◆-----◆
FOR PUBLIC SAFETY USE ONLY

Approved: Denied: Date: _____ Signature: _____

Program(s): Mr. Fixit

COUNTY OF HUNTERDON NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF SENIOR, DISABILITY, & VETERANS SERVICES

MR. FIX IT VOLUNTEER APPLICATION

Jane Griffith, MSW
Program Coordinator
908-788-1358
908-237-0285 fax
mrfixit@co.hunterdon.nj.us



Office Use Only:
Received _____
References Check _____
Background Check _____

Name: _____

Address: _____

Phone: _____

Email: _____

You Are Currently:
Employed Full Time ___ Employed Part Time ___ Retired ___ Not Working ___

Profession/Work Experience (as it relates to Mr. Fix It): _____

Geographic Preferences (list areas you would be willing to travel): _____

Types of Jobs (circle all you are comfortable with):

Plumbing Electric Carpentry Small Appliances Chores

Hunterdon County will reimburse volunteers for their mileage, once they exceed 50 miles. The checks are distributed every 6 months. Would you be interested in receiving mileage reimbursement? ___ Yes, I want to receive mileage reimbursement

 ___ No, I'm not interested in receiving mileage reimbursement

Please list 2 references not related to you, one of which is a professional contact (employer, teacher, minister, etc.)

Name _____ Phone _____

Email or Mailing Address _____

Name _____ Phone _____

Email or Mailing Address _____