



**County of Hunterdon Volunteer Application**

Hunterdon County is an equal opportunity employer, dedicated to a policy of non-discrimination on any basis including race, color, religion, gender, national origin, age, sexual orientation, marital or veteran status, the presence of a non-job related handicap, or any other legally protected status. Placement in preferred positions or departments is not guaranteed. Applicants' preferences will be taken into consideration when determining appropriate placement. However, if a volunteer opportunity is not available in the area you prefer, we will offer you another available alternative. You will not be obligated to accept the alternative placement, but may choose to be placed on a waiting list for the preferred position.

The following information will assist us in making the most appropriate volunteer placement. An interview will be arranged after the completed application is returned. Thank you for your interest in volunteering.

**PLEASE PRINT**

Date of Application \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Preferred Department: \_\_\_\_\_

Have you ever been employed or volunteered here before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If related to anyone in our employ, please state name and department \_\_\_\_\_

Where did you learn about our volunteer opportunities? \_\_\_\_\_

**EMPLOYMENT HISTORY**

List your last two (2) employers, assignments, or volunteer activities, including military experience. Start with the most recent.

Employer Name: _____  Address: _____  Telephone: ( ) _____	Date of Employment Month/Year  From: _____ To: _____
--	---

Reason for Leaving: \_\_\_\_\_ Job Title: \_\_\_\_\_

Brief Description of Responsibilities and Duties: \_\_\_\_\_

**Please return to:**

by mail: Hunterdon County Parks & Recreation, P.O. Box 2900, Flemington, NJ 08822

by email: parks@co.hunterdon.nj.us

by fax: (908) 806-4057

drop-off: Hunterdon County Arboretum, 1020 State Highway 31, Lebanon, NJ 08833 (after-hours mail drop box)

**EMPLOYMENT HISTORY CONTINUED**

Employer Name: _____	Date of Employment Month/Year
Address: _____	From: _____ To: _____
Telephone: (     ) _____	

Reason for Leaving: \_\_\_\_\_ Job Title: \_\_\_\_\_

Brief Description of Responsibilities and Duties: \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Name & Address	Years Completed	Graduate (Y/N)	Course of Study
High School:			
College:			
Other:			

**Availability**

Date available for work: \_\_\_\_\_

Number of hours you can volunteer: \_\_\_\_\_ Day \_\_\_\_\_ Evening

Have you been convicted of a crime in the past seven (7) years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Please explain circumstances behind conviction: \_\_\_\_\_  
 \_\_\_\_\_

Are you currently or have you ever sought treatment for substance abuse? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain circumstances for treatment: \_\_\_\_\_  
 \_\_\_\_\_

Please summarize any special skills, training or qualifications acquired from employment or other experiences that may qualify you for volunteering with the County of Hunterdon. \_\_\_\_\_  
 \_\_\_\_\_

Please provide two personal or professional references:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

IN CASE OF EMERGENCY PLEASE NOTIFY:

Name	Relationship	Phone
------	--------------	-------

It is understood and agreed that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the Hunterdon County Volunteer Program. Furthermore, I understand that I am free to resign my position as volunteer at any time and the County reserves the right to terminate my volunteer position at any time. I understand that no representative of the County has the authority to make any assurance to the contrary.

By accepting a volunteer position, I hereby agree not to make any claim or demand, or to institute any action or legal proceeding against the County, its departments and the Hunterdon County Board of Chosen Freeholders, for any volunteer service related issues.

I give the County of Hunterdon the right to investigate all references and to secure additional information about me if volunteer service related. The County may perform a full background check prior to volunteer placement in a highly sensitive position or department. However, the County will not perform a full background check without first notifying the volunteer applicant, and obtaining the volunteer applicants approval.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**IF YOU ARE UNDER 18 YEARS OF AGE, PLEASE COMPLETE THE FOLLOWING:**

School/ Organization \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name (Please Print) \_\_\_\_\_

Address \_\_\_\_\_

Phone # (day) \_\_\_\_\_ (evening) \_\_\_\_\_

I give permission for my child \_\_\_\_\_ to serve as a volunteer for the County of Hunterdon.  
(please print)

\_\_\_\_\_  
Parent/Guardian's signature

The Hunterdon County Volunteer Program is open to persons 16 years of age or older. Persons between the ages of 12 and 16 may volunteer for a limited time, such as 6 months, the summer or a specific number of hours as required by school or other organizations subject to County approval. Signed parental permission is required for all persons under 18 years of age.

Thank you for your interest in volunteering with the County of Hunterdon.

*“Taking pride in providing services that protect the past and plan for the future”*