

Volunteer Application

C/O: Dorothea Weller, Volunteer Coordinator
1106 Main Street. Asbury Park, NJ 07712

Contact Information

Name	
Street Address	
City, State, Zip	
Home Phone	
Cell Phone	
Email Address	
Month & Date of Birth	

Emergency Contact Information

Emergency Contact Name	
Relationship to Contact	
Address (if different)	
City, State, Zip	
Home Phone	
Cell Phone	
Physician's Name & Phone	

References

Please provide two references other than relatives

Name	
Phone	
Address	
Relationship	

Name	
Phone	
Address	
Relationship	

Background Information

Other than a misdemeanor traffic violation, have you ever been convicted of any crime?

- Yes
 No

If yes, please explain:

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Education

High School/GED (Yes/No)	
Name of College/University	
College Major	
Degree	

Work Experience

Occupation/Fmr. Occupation	
Computer Skills	
Languages	
Volunteer Experience	
Recreational Interest	
Clubs/Organizations	

Volunteer Referral Method

How did you first hear about the Mercy Center?

- Current/Former Volunteer – Name: _____
- Mercy Center Website
- Media Please Specify: _____
- Other Please Specify: _____

Availability

➤ Which days are you available to volunteer? Please check all that apply.

Monday___ Tuesday___ Wednesday___ Thursday___ Friday___

Flexible ___

Which times are you available to volunteer? Please check all that apply.

Morning___ Afternoon___ Flexible___

Volunteer References

What do you hope to achieve as a volunteer?

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature:	Date:
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