

HOUSING AUTHORITY TOWN OF NEWTON
32 LIBERTY STREET • NEWTON, NEW JERSEY 07860
TELEPHONE: 973-383-5191 FAX: 973-383-1181

VOLUNTEER APPLICATION

PLEASE PRINT CLEARLY

TODAY'S DATE _____

Last Name:		First Name:		M.I.:
Home Street Address:				Apt. #:
City:			State:	ZIP:
Home Phone: ()	Work Phone: ()		Cell Phone: ()	
E-Mail:	S.S.#		Date of Birth: / /	
Are you currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes complete information below)				How long employ here:
Employer:		Supervisor:		Phone: ()
Address:				
Describe Job Duties: _____ _____				
Emergency Information				
Name:			Relationship:	
Home Phone: ()	Work Phone: ()		Cell Phone: ()	
Primary Doctor:			Doctor's Phone:	
Do you have any physical or mental disorders that would impair your ability to perform as a volunteer at Liberty Towers without any supplemental assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain: _____ _____ _____				
Have you ever been arrested or convicted of a crime? (An affirmative response will not automatically disqualify you from being considered) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain: _____ _____ _____				
Name of friends and/or relatives employed or volunteering at Liberty Towers				
Name:			Relationship	
Name:			Relationship	

Education

High School:	Address:	Did you Graduate: Yes <input type="checkbox"/> No <input type="checkbox"/>
College	Address:	Did you Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Graduate School	Address:	Did you Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Specialized Education or Training (Please list): _____ _____		

Personal References

Name:	Relationship:	Telephone:
Name:	Relationship:	Telephone:
Name:	Relationship:	Telephone:

Volunteer Experience: (list current or previous activities you have been involved with)

Name of Agency/ Program	Type of Duties	Dates:
1.		
2.		
3.		

Why would you like to volunteer at Liberty Towers? _____

Is there a particular type of assignment or volunteer duty you would prefer to do? _____

Indicate the day(s) of the week you are available to volunteer as well as the starting shift schedule you would prefer. If you are flexible in the days of the week and starting time, please go ahead and place a check in any of the boxes based upon your availability. This information will help us to determine the possible position opening that may be of interest to you.

Shift Schedule(s) and Day(s) You Are Available to Volunteer

Volunteer Shifts	Monday	Tuesday	Wednesday	Thursday	Friday
Early Morning between 5am-9am					
Morning between 9am-1pm					
Afternoons between 1pm-4pm					

Type of Assignment Preferred (Check one)

<input type="checkbox"/>	Volunteering in programs that directly interface with residents.
<input type="checkbox"/>	Volunteering in programs that involve clerical duties with minimal resident interaction
<input type="checkbox"/>	Volunteering in programs that include directly interfacing with residents and clerical responsibilities.

Volunteers may assist professionals in providing technical or recreational activities for patients. Please indicate below the skills and/or experiences you possess and would be willing to utilize in volunteering at Liberty Towers

Office and/or Technical Skills	Creative Skills	Other Skills
Accounting	Humor/Storytelling	Customer Service Experience
Computer Knowledge	Board or Card Games	Food Service Experience
Reception Desk	Musical Instruments	Mailroom Experience
Telephone	Singing	Gardening/Weeding
Typing	Sewing/Needlework	Operating Power Equipment
Filing	Drawing/Painting	Cleaning

APPLICANT'S STATEMENT

I, hereby, affirm that the information provided on this application is true and complete to the best of my knowledge, and agree to have any of the statements checked by the organization or its representatives. I understand that providing any false or misleading information or any omissions may disqualify me from further consideration as a volunteer and may result in my immediate termination even if discovered at a later date.

I, authorize representatives of Liberty Towers to conduct a thorough investigation of my activities, and authorize all references provided in this application, as well as all other individuals, whom the organization or its representatives may contact, to provide all information they have about me. Furthermore, I agree to cooperate in such investigation, and release from all liability or responsibility of the organization, all persons and entities acting on its behalf, and all persons and entities requesting or supplying such information.

Volunteer Signature

Date

Thank you for completing the volunteer application! Please remit the completed application to Newton Housing Authority, 32 Liberty Street – Newton, NJ 07860 in the enclosed envelope. A representative of the Volunteer Services Department will contact you to set up an appointment to meet with a Volunteer Coordinator to discuss volunteer opportunities at Liberty Towers.