

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

TEEN VOLUNTEER APPLICATION

PLEASE PRINT CLEARLY

TODAY'S DATE _____

Last Name:		First Name:		M.I.:
Home Street Address:				Apt. #:
City:			State:	ZIP:
Home Phone: ()		Cell Phone: ()		E-Mail:
School:		Class of:	S.S.#	Date of Birth: / /
Emergency Information – please list parent(s) or guardian				
Name:			Relationship:	
Home Phone: ()		Cell Phone: ()		E-Mail:
Your Doctor's Name:			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				
School Activities and/or Extracurricular Activities: _____				
Specialized Education or Training (Please list): _____				

Personal References (teachers, counselors, employers, clergy, etc.)		
Name:	Relationship:	Telephone:
Name:	Relationship:	Telephone:
Name:	Relationship:	Telephone:
Volunteer Experience: (list current or previous activities you have been involved with)		
Name of Volunteer Program	Type of Duties	Dates:
1.		
2.		
3.		

Why would you like to volunteer at Liberty Towers? _____

Day(s) of the week you are available (circle)						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day(s) of the week you are available (circle)						
Clerical	A clerical volunteer helps with general office duties including answering phones, computer work, filing, and working with administrative details of various projects.					
Resident Relations	A resident relations volunteer works one-on-one or with a group of residents to perform a number of tasks, such as reading, performing, playing games, etc...					
Grounds	A grounds volunteer assists with interior and exterior planting, painting, weeding, mulching, etc...					

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

Read and complete Part A and Part B. Part A requires a parent or guardian's signature in order to participate in the teen volunteer program. Part B requires a parent or guardian's signature should an emergency arise while on duty.

Part A: Parental Consent to Volunteer

Parental consent is legally required before a child may work as a volunteer. Please sign below to give your permission for your daughter/son to serve as a volunteer at Liberty Towers.

Volunteer's Name: _____

Signature of Parent/Guardian: _____ Date: _____

Part B: Emergency Treatment and Release Form

It is legally required to obtain parental consent prior to treating a volunteer in the Emergency Room should an illness or injury occur while he/she is on volunteer duty. Please sign below to give permission to give any necessary first aid or emergency treatment should an illness or injury occur while your daughter/son is on volunteer duty.

Also Please state to whom the child maybe released from the Emergency Room in the event that the parent/guardian is not available.

Volunteer's Name: _____

Signature of Parent/Guardian: _____ Date: _____

Name of Alternate to Whom the Volunteer may be released: _____

Phone of Alternate to Whom the Volunteer may be released: _____

Volunteer Expectations

1. I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning residents or personnel, and not seek to obtain confidential information.
2. I will donate my services without contemplation of compensation or future employment and give my service for humanitarian and charitable purpose
3. I shall not sell or attempt to sell goods or services, request contributions or solicit persons to sign or distribute political petitions on premises, unless I receive the express authorization of the Executive Director, to engage in these activities.
4. I will be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and will endeavor to maintain professional appearance and provide quality service.
5. I will attempt to resolve any problems related to my volunteer activities with my supervisor.
6. I will uphold the philosophy, standards and values of Liberty Towers at all times in my interactions with residents, visitors, staff and volunteers.
7. I understand that Liberty Towers assumes no responsibility for my contact, visits or services provided by me that are beyond the scope of responsibilities defined for my specific assignment.

Volunteer Signature

Date

Parent/Guardian Signature (if less then 18 years)

Date