



100 Dayton Street, Ridgewood, NJ 07450
Tel: 201-833-8009 Fax 201-833-8011
www.bergenfamilypromise.org

Family Promise of Bergen County Volunteer Application for Individuals

Name: _____ Date: _____

Address: _____

Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____ Occupation/Profession: _____

Employer: _____

City: _____ State: _____ Zip: _____

Previous Volunteer Experience: _____

Organizations and/or affiliations: _____

Why would you like to volunteer with Family Promise? _____

Expertise, Hobbies, Special Skills you'd like to share: _____

Volunteer interests: (Use a separate sheet if necessary to describe specific qualifications)

- | | | | |
|--|--|--|-------------------------------------|
| <input type="checkbox"/> Weekend Volunteer | <input type="checkbox"/> Office Volunteer (phones, administrative, computer skills) ____ | | |
| <input type="checkbox"/> PR/Marketing | <input type="checkbox"/> Web Development (knowledge of Word Press) | | |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Overnight Host | <input type="checkbox"/> Career Counseling | <input type="checkbox"/> Mailings |
| <input type="checkbox"/> Workplace Readiness | <input type="checkbox"/> Computer Training | <input type="checkbox"/> Financial/Credit Repair | <input type="checkbox"/> Newsletter |

- Fundraising Legal Services Health/Wellness Social Media
- Tutor (ESL) ___ (GED) ___ (Child) ___ Photography/Video Realtor
- Home Repairs/Carpentry Cleaning/Painting Auto Maintenance/Repair Event Help
- Interested in learning more about Board Membership

Are you over 18 years of age? _____ Languages spoken other than English: _____

Are you qualified to give legal advice? _____

I am available: days _____ evenings/nights _____ weekends _____

Does your employer make grants to non-profit organizations? _____

Does your employer match your charitable contributions? _____

How did you hear about us? _____

Emergency Contact:
Name/Phone Number: _____ Relationship _____

Please provide a reference: (Other than Family Member)
Name/Phone number _____ Relationship _____

Have you ever been convicted of any crime including sex-related offenses? No ___ Yes ___

If yes, please explain _____

Do you need Community Service Hours? No ___ Yes ___

If yes, please explain. How many hours needed _____ School _____ Court Ordered _____ Other _____

By signing this application, I confirm that the information provided within is correct and complete. If requested, I agree to provide any information necessary for a complete background check.

I agree that I will not disclose any confidential information obtained while volunteering and that I will protect the privacy of other volunteers, donors, and the families served by Family Promise.

Applicant's signature _____ Date: _____