



**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: \_\_\_\_\_