



Date: \_\_\_\_\_

**VOLUNTEER APPLICATION**

**290 Broad St., Summit, NJ 07901**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Phone (daytime): \_\_\_\_\_ (cell): \_\_\_\_\_

Emergency contact name & number: \_\_\_\_\_

How did you hear about SAGE? \_\_\_\_\_

**BACKGROUND INFORMATION:** (if retired, where did you work?)

Occupation: \_\_\_\_\_ Employer/School: \_\_\_\_\_

Do you have any physical limitations? (ex.: chronic back pain, poor vision, etc.) \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Do you have a record of any arrests, criminal charges, or convictions? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Please describe previous volunteer experience, group and organizational affiliations: Include dates: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Following are some of the volunteer opportunities available; please select those that might be of interest to you (note: not all may fit your schedule):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Driver/Server Meals-on-Wheels | <input type="checkbox"/> Writer/Artist        | <input type="checkbox"/> Bill Paying Service     |
| <input type="checkbox"/> Shopper for Shopping Service  | <input type="checkbox"/> Help w/Bulk Mailings | <input type="checkbox"/> Computer Data Entry     |
| <input type="checkbox"/> Sales @ the Resale Shop       | <input type="checkbox"/> Photography          | <input type="checkbox"/> Clerical Assistance     |
| <input type="checkbox"/> Furniture Repair @ Workshop   | <input type="checkbox"/> Set up @ Events      | <input type="checkbox"/> Receptionist            |
| <input type="checkbox"/> Assist @ Spend-a-Day          | <input type="checkbox"/> Volunteer Recruiter  | <input type="checkbox"/> Representative at Fairs |
| <input type="checkbox"/> Special Committees            | <input type="checkbox"/> Fundraising          | <input type="checkbox"/> Chores/Maintenance      |

What are your hidden talents or hobbies? \_\_\_\_\_

Please indicate what your preference would be in regard to days and hours you would like volunteer? \_\_\_\_\_

\_\_\_\_\_

**REFERENCES:**

Please list the names and addresses of two (2) people who can vouch for your reputation, character, and responsibility, and who have known you at least two years. If you are employed, one reference should be your employer. Please do not list relatives.

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (day): \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (day): \_\_\_\_\_

**STATEMENT OF UNDERSTANDING & CONSENT:**

I understand my obligation to fulfill my volunteer responsibilities to the best of my ability. I acknowledge and agree that in the case of extenuating circumstances, I am not obligated to serve as a volunteer.

I further agree to accept the supervision of the appropriate individual(s) at my assigned volunteer placement and to discontinue my service if I am requested to do so by the organization.

SAGE will contact my references and may conduct a background check. SAGE reserves the right to reject a candidate for any reason that the agency, in its sole judgment, determines will or may affect either the best interests of a client or SAGE. Furthermore, SAGE reserves the right to withhold the reason(s) for such a refusal.

I understand once I am assigned to a volunteer placement I will be required to maintain monthly contact with SAGE Director of Volunteer Program for the purpose of monitoring and assessing the client/volunteer relationship.

\*\*\*If you are under the age of 18, you also need to have your parent/guardian sign a Youth Volunteer Permission Slip.

**Signature of Applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

For office use only:

Interview date \_\_\_\_\_ References \_\_\_\_\_

Orientation attended/Guidelines and Responsibilities \_\_\_\_\_

Start date \_\_\_\_\_ Program \_\_\_\_\_

For Bill Paying volunteers only:

I agree to a background check \_\_\_\_\_

My SS# is \_\_\_\_\_