

## VOLUNTEER REGISTRATION FORM

*Thank you for your interest in volunteering with Gloucester County. Please fill out this registration form as well as the attached waiver. These forms should be returned to the Department for which you will be volunteering along with a form of valid photo identification.*

Department: \_\_\_\_\_

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

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

Address (Number & Street, City or Town, State, Zip): \_\_\_\_\_

Municipality: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Are you under the age of 18? YES / NO (please circle one)

If yes, please have parental or legal guardian sign here:

\_\_\_\_\_  
Parental/Legal Guardian Name (Please print)

\_\_\_\_\_  
Parental/Legal Guardian Signature

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

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

Estimated Time Commitment: \_\_\_\_\_

Brief description of duties: \_\_\_\_\_

Is volunteer service seeking credit or experience? \_\_\_\_\_

If credit, how many credit hours? \_\_\_\_\_

Do volunteer duties involve work with children? YES / NO (please circle one)

*If yes, you will be subject to a background check by the Gloucester County Human Resources.*

Volunteer program, if applicable (i.e., RSVP, CWEP, etc.): \_\_\_\_\_

Name of County Employee that volunteer reports to: \_\_\_\_\_

Volunteer's Signature: \_\_\_\_\_

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

Department Head Signature \_\_\_\_\_

COUNTY OF GLOUCESTER  
2 SOUTH BROAD STREET  
WOODBURY, NJ 08096

VERY IMPORTANT VOLUNTEER  
AGREEMENT

(Release - Assumption of Risk)

I \_\_\_\_\_, hereby acknowledge that the County of Gloucester has agreed to assist me in gaining experience in the field of \_\_\_\_\_ by giving permission to allow me to volunteer with the Department of \_\_\_\_\_ during the course of normal operations.

In consideration for the opportunity to participate in this matter, I freely and voluntarily:

1. release, waive and forever discharge the County of Gloucester, including its past, present and future employees, officers, directors, boards, authorities, agents, partners, volunteers, and representatives, (hereinafter collectively referred to as County of Gloucester) to the full extent allowed by law, from any and all liability, claims, demands or causes of action and/or judgments whatsoever, in law or in equity, including for any personal injury, damage to property and any other matter;

2. expressly and voluntarily assume all risk of injury, to the full extent allowed by law, however caused;

3. will not sue or make a claim against the County of Gloucester for injury.

I HAVE READ THIS WAIVER AND ASSUMPTION OF RISK AGREEMENT. BY SIGNING IT, I AGREE TO ITS TERMS. IT IS MY INTENTION TO RELIEVE THE COUNTY OF GLOUCESTER FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE IN CONNECTION WITH MY VOLUNTEERING.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Signature \_\_\_\_\_  
Date: \_\_\_\_\_

# COUNTY OF GLOUCESTER

Carmel M. Morina  
Sheriff



OFFICE OF THE SHERIFF  
P.O. BOX 376  
WOODBURY, NJ 08096  
(856) 384-4600

August E. Knestaut  
Undersheriff

Andre L. Bay  
Undersheriff

## SPECIAL INVESTIGATIVE UNIT

### APPLICANT QUESTIONNAIRE

This form should not be completed until the applicant reads and signs the appropriate "Authorization and Release" form. The Authorization form must also be notarized and attached to this questionnaire along with a formal request on department letterhead prior to being submitted. Non-compliance with this directive will result in a rejection of your request. Driver's license inquiries should complete Section #1 only. All others should complete Sections #1 and #2 on the form. Please print legibly.

#### SECTION #1

Name: \_\_\_\_\_ Maiden Name (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_  
State Issuing Driver's License: \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
Eye Color: \_\_\_\_\_ Expiration of Driver's License: \_\_\_\_\_

#### SECTION #2

Your Present Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_  
Your Vehicle: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
State Your Vehicle is Registered: \_\_\_\_\_ License Plate Number: \_\_\_\_\_  
Closest Living Relative & Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_



ROBERT M. DAMMINGER  
FREEHOLDER DIRECTOR

BOARD OF CHOSEN FREEHOLDERS  
COUNTY OF GLOUCESTER  
STATE OF NEW JERSEY  
PO BOX 337  
WOODBURY, NEW JERSEY 08096  
PHONE (856) 853-3264  
FAX (856) 853-3266  
[hrdept@co.gloucester.nj.us](mailto:hrdept@co.gloucester.nj.us)

CHAD M. BRUNER  
COUNTY ADMINISTRATOR  
DIVISION OF HUMAN RESOURCES

Human Resources  
**AUTHORIZATION AND RELEASE**

Execute in duplicate before a Notary Public  
STATE OF NEW JERSEY }

COUNTY OF GLOUCESTER }

: SS

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all records and information concerning myself to any duly authorized agent or representative of the Human Resources Department for the County of Gloucester in the State of New Jersey, whether said records or information are of a public, private, or confidential nature.

I authorize a criminal background check.

I also authorize and request any person, firm, company, corporation, governmental agency, or institution having control of any documents, records and other information and/or pertaining to me, to furnish to the said Human Resources Department any such information, including documents, records, files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the said Human Resources Department or any of their agents or representatives and the Human Resources Director or designee of the Human Resources Department to inspect and make copies of such documents, records, and other information.

I hereby request and authorize the release of all information solicited on my behalf as an applicant with employment with the Human Resources Department, County of Gloucester, New Jersey.

I understand any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization and release will be considered in determining my suitability for employment with the County of Gloucester Human Resources Department.

I hereby release, discharge, and exonerate the said Human Resources Department, their agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection or collection of such documents, records, and other information or the investigation made by the said Human Resources Department on behalf of the County of Gloucester.

A photocopy of this authorization and release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization and Release."

Subscribed and sworn to me before this  
Day of \_\_\_\_\_  
A.D., 20\_\_\_\_\_  
Notary Public of New Jersey  
My commission Expires \_\_\_\_\_  
(Print or type name of Notary under  
Signature and affix notarial seal)

Signature (include maiden name & any other name previously known by) \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Drivers License # \_\_\_\_\_