

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 _____