



# Volunteer Application

C/O: Dorothea Weller, Volunteer Coordinator  
1106 Main Street. Asbury Park, NJ 07712

## Contact Information

Name	
Street Address	
City, State, Zip	
Home Phone	
Cell Phone	
Email Address	
Month & Date of Birth	

## Emergency Contact Information

Emergency Contact Name	
Relationship to Contact	
Address (if different )	
City, State, Zip	
Home Phone	
Cell Phone	
Physician's Name & Phone	

## References

Please provide two references other than relatives

Name	
Phone	
Address	
Relationship	

Name	
Phone	
Address	
Relationship	

## Background Information

Other than a misdemeanor traffic violation, have you ever been convicted of any crime?

- Yes  
 No

If yes, please explain:

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**Education**

High School/GED (Yes/No)	
Name of College/University	
College Major	
Degree	

**Work Experience**

Occupation/Fmr. Occupation	
Computer Skills	
Languages	
Volunteer Experience	
Recreational Interest	
Clubs/Organizations	

**Volunteer Referral Method**

How did you first hear about the Mercy Center?

- Current/Former Volunteer – Name: \_\_\_\_\_
- Mercy Center Website
- Media Please Specify: \_\_\_\_\_
- Other Please Specify: \_\_\_\_\_

**Availability**

➤ Which days are you available to volunteer? Please check all that apply.

Monday\_\_\_ Tuesday\_\_\_ Wednesday\_\_\_ Thursday\_\_\_ Friday\_\_\_

Flexible \_\_\_

Which times are you available to volunteer? Please check all that apply.

Morning\_\_\_ Afternoon\_\_\_ Flexible\_\_\_

**Volunteer References**

What do you hope to achieve as a volunteer?

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**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature:	Date:
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