

VOLUNTEER GUARDIANSHIP ONE-ON-ONE, INC.
Volunteer Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: Day _____ Evening: _____ Cell: _____

E-Mail: _____

How long have you lived in this municipality? ____ In this county? ____ In this state? ____

Prior Residence (if more than 5 years ago): _____

Social Security Number _____

Position desired: Guardian ____ Clerical ____ Fundraising ____ Other (please specify) _____

What interests you about the volunteer position you have designated: _____

Please indicate any current or former volunteer or life experiences you believe are relevant to your interests in this volunteer position: _____

Are you currently employed? Yes ____ No ____ Full-Time ____ Part Time ____

Please state your primary occupation/profession: _____

Please describe your employment history: (Resume may be attached in lieu of specific answers)

Name of Employer	Position held	Dates of employment

Please check the highest educational level completed:

High School: ___ Some college or technical training: ___ College: ___ Advanced degree: ___

List any education or course(s) you have taken that you believe relate to this volunteer position:

Please list three references (non-relatives), who we can contact to learn more about you:

Name	Relationship to you	Phone number

Do you have your own vehicle? _____

Volunteers are asked and expected to make a minimum of one year commitment to this volunteer position. Barring unexpected emergencies, are you willing and able to commit to the full one-year term of this project? _____

Due to the sensitive and fiduciary nature of these positions, our organization will do a criminal background check on qualified applicants. Have you ever been convicted of any crime? _____

If yes, please explain: _____

In addition to English, do you speak another language? ___ If yes, please specify any other languages you can speak or read: _____

How did you learn about this volunteer program? _____

Date: _____

Please sign: _____

Please print your name: _____

Kindly return application to:

Volunteer Guardianship One-on-One, Inc.
188 Route 31
Flemington, NJ 08822
ATTN: Director of Volunteers

If you have any questions or concerns about this application, please feel free to contact us at (908) 788-4893 x716 or send us an e-mail note to executivedirector@voluntreerguardianship.org

Thank you for your interest in our organization!