



Cornerstone Family Programs & Morristown Neighborhood House Volunteer Application

Personal Information

NAME: Last _____ First _____ Phone# _____

ADDRESS: _____ City _____ State _____ Zip _____

Birth Date if (under age 18) _____ Email _____

EMERGENCY CONTACT: Name _____ Relationship _____ Phone # (H) _____ (W) _____

LANGUAGES: Primary _____ Secondary _____ EDUCATION: Highest Level _____

SPECIAL SKILLS or TALENTS: _____

AFFILIATIONS/ASSOCIATIONS: Name _____ Address _____

Name _____ Address _____

CURRENT EMPLOYER: Name _____ Position _____

Address _____ Phone # _____

VOLUNTEERING INFORMATION

Have you previously volunteered in one of our programs: No Yes- From _____ To _____

Reason why you stopped _____

OTHER VOLUNTEERING EXPERIENCE: 1.Organization _____ Volunteer Tasks _____

2.Organization _____ Volunteer Tasks _____

BRIEFLY DESCRIBE WHY YOU WISH TO VOLUNTEER HERE _____

AVAILABILITY: Mon-Time _____ Tue-Time _____ Wed-Time _____ Thu-Time _____ Fri-Time _____

REFERENCES

1. Name _____ Address _____ Phone # _____

2. Name _____ Address _____ Phone # _____

3. Name _____ Address _____ Phone # _____

Signature _____ Date _____

Please e-mail to loobyj@neighborhood-house.org