

# NORTH BRUNSWICK POLICE DEPARTMENT

## NATIONAL NIGHT OUT

AUGUST 2, 2011



## SUMMER VOLUNTEER APPLICATION

**Start Dates: June 27 - August 5, 2011**

**YOU MUST HAVE A RIDE TO POLICE HEADQUARTERS and BACK HOME. IF YOU CAN NOT RECEIVE A RIDE HOME PLEASE BE SURE TO LET THE COORDINATOR KNOW AND HAVE PARENTS SIGN PERMISSION TO RIDE ALONG IN THE VEHICLE.**

### Contact Information

Name (Print Clearly)			
Street Address			
City ST ZIP Code			
Home Phone			
Cell Phone			
E-Mail Address			
Shirt Size:	XS L	S XL	M XXL
Grade (you just finished)	7 <sup>th</sup> Sophomore	8 <sup>th</sup> Senior	Freshman Junior
School Attending (Print Clearly)			
College Student (you just finished)	Freshman Junior	Sophomore Senior	
College Attending (Print Clearly)			
Returning Volunteer (Circle One)	YES	NO	
How many community service hours do you need? (if any)			

### Availability - (Between 8:30 am - 4 pm)

During which hours are you available for volunteer assignments?

<input type="checkbox"/> Weekday mornings	Hours: _____
<input type="checkbox"/> Weekday afternoons	Hours: _____
<input type="checkbox"/> Weekday evenings	Hours: _____

## Interests

Tell us in which areas you are interested in volunteering

Events

Field work

Fundraising/Deliveries

Phone Calls

Volunteer  
coordination

## Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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## Previous Volunteer Experience

Summarize your previous volunteer experience.

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## Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	

## 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.

Name (printed)	
Signature	
Date	

### Agreement and Signature

Permission to ride in the vehicle of the coordinator to the Community Park & back to Police Headquarter if the volunteer does not have a vehicle during the weeks they are volunteering for. Have permission to receive a ride home if the volunteer does not have a ride. Please be sure to have your parents sign stating this will be okay.

Volunteer's Name (printed)	
Parent's Signature	
Date	

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us. Any questions please feel free to contact Charisse Rodriguez at 732-247-0922 ext. 309 OR email me at [cnelso@northbrunswickonline.com](mailto:cnelso@northbrunswickonline.com).