

WARREN TOWNSHIP RECREATION VOLUNTEER APPLICATION

46 Mountain Boulevard
Warren, New Jersey 07059
Phone: (908) 753-8000 EXT. 270
Fax: (908) 757-9173
Email: recreation@warrennj.org
Website: www.warrennj.org

Date of Application ____/____/____

Name _____
Last First Middle

Address _____

Street City State Zip _____

Telephone# Home: _____ Work: _____ Cell: _____

E-mail _____

In Case of Emergency Call: _____ Phone # _____
Name: _____

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

CERTIFICATIONS

____ Coaches Certification ____ First Aid ____ CPR ____ Teacher's Certification
____ Other: _____ Official/Umpire License: _____

ADDITIONAL INFORMATION

Office skills: ____ Typing ____ Computer ____ Filing ____ Phone
Foreign Languages: _____ Spoken _____ Written

REFERENCES

List name and telephone number of three business/work or volunteer references who are *not* related to you.

Name Telephone Years Known

_____	(____)	_____
_____	(____)	_____
_____	(____)	_____

Do you have a valid Driver's License in New Jersey? Yes No CDL License: _____

Other than minor traffic violations, have you ever been arrested for or convicted of any type of offense? Yes No

If yes, please provide date(s), disposition and details _____

Note: Conviction does not automatically mean you will not be selected. The crime you were convicted of and how long ago you were convicted is important. Please give all facts so that the Township of Warren may make an informed decision.

APPLICATION STATEMENT

I certify that all information I provided in order to apply for and secure a volunteer position with Warren Township is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the Warren Township's service whenever it is discovered. I expressly authorize, without reservation, the Warren Township, its representatives, employees or agents to contact and obtain information for all references to otherwise verify the accuracy of all information provide by me in this application. I hereby waive any and all rights and claims I may have regarding Warren Township, its agents, employees or representatives, for seeking, gathering and using such information in the volunteer process and all other persons, corporations or organizations for furnishing such information about me. I understand that the Warren Township does not unlawfully discriminate in volunteer selection and no question on this application is used for the purpose of limiting or excusing an applicant for consideration on the basis prohibited by applicable local, state or federal law.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____

Print full name: _____