

# TOWNSHIP OF MIDDLETOWN



1KINGS HIGHWAY  
MIDDLETOWN, NEW JERSEY 07748

## VOLUNTEER APPLICATION

*Thank you for your interest in becoming a volunteer with Middletown Township, NJ. Please complete this form and email to [mtownvolunteer@middletownnj.org](mailto:mtownvolunteer@middletownnj.org)*

No question on this application is asked for the purpose of limiting or excluding any applicant's considered on the basis of race, color, religion, age, sex, marital status, sexual orientation, disability or national origin.

### GENERAL INFORMATION

Name: _____	Last	First	Middle Initial	<input type="checkbox"/> I am at least 12 years of age
Address: _____	Street	City	State	Zip Code
Home Phone: _____	Alt. Phone: _____			
Email Address: _____	Date: _____			

### WHAT IS THE HIGHEST GRADE LEVEL YOU HAVE COMPLETED

<input type="checkbox"/> Middle School	<input type="checkbox"/> High School	Graduation Year: _____
<input type="checkbox"/> College	<input type="checkbox"/> Some College	
Are you currently a student? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Name of School: _____		

### WORK STATUS (if applicable)

Occupation: _____	Employer: _____
Work Status: <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> Student	
Physical Limitations/Allergies we should be aware of:	
Special Skills/Training:	
Volunteer Experience:	

### AVAILABILITY

Days Available:	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
	<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
Time Preferred:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Weekend
Length of Volunteer Commitment:	

### EMERGENCY CONTACT

Name: _____	Relationship: _____
Home Phone: _____	Alt. Phone: _____

## CURRENT PHYSICIAN INFORMATION

Name:	Alt. Phone:
Location:	

**REFERENCES** (We reserve the right to check references on all potential volunteers. Please list three people other than relatives who would be willing to serve as personal references who you have known for at least one year.)

Name:	Phone: _____			
Address:	Street	City	State	Zip Code
Name:	Phone: _____			
Address:	Street	City	State	Zip Code
Name:	Phone: _____			
Address:	Street	City	State	Zip Code

### ***Reason for Volunteering with Middletown:***

## **VOLUNTEER AGREEMENT**

As a Middletown Township, Department of Recreation volunteer, the lasting impression you make on those you serve reflects directly on us. Please be sure your words and deeds will help build our program and its reputation for quality.

I, \_\_\_\_\_, agree to perform the volunteer duties to which I am assigned to the best of my ability and in a professional manner. I understand that I will serve at the pleasure of the Appointing Authority of the Department (or their designee) and may be dismissed from my volunteer duties at any time, with or without cause. I give the Township of Middletown, Department of Recreation permission to do a background check prior to my volunteer assignment. I understand my volunteer service is contingent upon receiving satisfactory background check results. A volunteer may not be selected for volunteer service. Determination may be made with or without cause.

I understand that as a volunteer, authorized by the Department, I am afforded liability protection with respect to damages to third parties to the same extent as Township employees, as long as I am acting within the scope of my duties as a volunteer. The Township of Middletown assumes no liability for injury to myself or damage to my personal property unless caused by the negligence of the Township.

On behalf of myself and/or my child, I understand that there are inherent dangers in any recreational activity or program such as slips, falls, and various athletic injuries related to sports and play. I/we hereby release and hold harmless the Township of Middletown, its officials, agents and employees from liability or obligation arising from, or in connection with my/my child's volunteer activities.

I hereby certify the above information is true and complete to the best of my knowledge. I understand I will not be paid as a volunteer.

The Township of Middletown, Department of Recreation reserves the right to photograph programs and volunteers for publicity and/or broadcast of any kind, any program pictures, audio or video in which you may appear.

Volunteer Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If volunteer is under 18 years of age, a parent or guardian must consent to an applicant's working as a volunteer. I hereby consent to my child's participation in the Township of Middletown, Department of Recreation volunteer programs.*

Parent/Guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_