



201 North Broad Street, Phillipsburg, NJ 08865

Volunteer Application Form

Personal Information

First Name: _____

Last Name _____

Street Address _____

City _____ State _____ Zip _____

Home phone: _____

Cell phone: _____

E-mail address: _____

Preferred Pronouns: _____

Criminal Record: Have you ever been convicted of a criminal offense or misdemeanor? _____

Physical Limitations

Do you have any conditions that might make it challenging for you to perform volunteer service? (This information will be kept confidential)?

Are you able to lift up to 35 lbs.? _____

Emergency Contact Information

First Name: _____ Last Name _____

Home phone # _____ Cell phone # _____

It is the policy of this organization to provide equal opportunities without regard to race, ethnicity, religion, sexual orientation, gender identity, age, or disability status. By signing below, you attest that the information submitted above is true and complete. I understand that a background check may be necessary based on my volunteer activity, as well as references, and hereby agree to having a background check completed. I further understand that I am not an employee of Norwescap, the volunteer station, or the federal government and agree to serve without compensation.

Signature

Date

Please complete this form and return via email to Janet Bray, brayj@norwescap.org. Thank you!