

# Somerset Home for Temporarily Displaced Children Volunteer Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Address if less than one year at above address: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Email address: \_\_\_\_\_

Do you have a car?    Y/N            Drivers license #: \_\_\_\_\_

Marital status: single    married    divorced    widowed

Maiden name (if applicable): \_\_\_\_\_

Occupation: \_\_\_\_\_

Please indicate how you heard about the program/volunteer opportunity:

- Raritan Valley Community College Service Learning Program
- Rutgers University
- Princeton Volunteers
- Staff
- Board Member
- Other (please explain) \_\_\_\_\_

If this volunteer experience is for a course or otherwise mandated, **please indicate how many hours you are required to volunteer and for whom (contact person/organization):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What hours/days are you interested in volunteering: Please list all:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any previous volunteer experience? Please describe briefly indicating time of involvement, duties and name of organization.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate all areas of interest for volunteer work:

**Direct Service**

*Volunteers are supervised and supported by program staff. Volunteers are not allowed to spend time alone or with residents unsupervised or in an isolated area. Volunteers are not allowed to leave the property with a resident without a staff member present.*

- Group Activities
- Tutor
- Arts & Crafts
- Cooking
- Share Special Skill/Talent/Hobby
- Other Activity (please explain)  
\_\_\_\_\_  
\_\_\_\_\_

**Administrative Services**

- Office Volunteer
- Special Events
- Computer Assistance
- Mailings

**Special Services**

- Maintenance
- Planting
- Kitchen Help
- Project for a Day

Please list any special skills, interests and hobbies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for wanting to volunteer at the Somerset Home for Temporarily Displaced Children and what you wish to accomplish: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Educational Background:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment History** (most recent first):

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

May we contact your employer? \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
May we contact your employer? \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
May we contact your employer? \_\_\_\_\_

List three references other than relatives (please include full mailing address, we will send a reference form and phone number):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

I certify the answers provided by me herein are to the best of my knowledge and belief, true and correct. I further affirm I have not knowingly withheld any facts or circumstances that would detrimentally affect this application. Should I become a volunteer, I agree I will not divulge to others any confidential information relating to clients or their family, donors or funders.

Signature \_\_\_\_\_ Date \_\_\_\_\_