



Palisades Family Success Center
1408 New York Avenue
Union City NJ 07087
201-758-8792

VOLUNTEER/INTERN APPLICATION

Personal Info:

DATE: ____ - ____ - ____

LAST: _____, FIRST: _____, M.I. _____

HOME ADDRESS: _____
Street City State Zip Code

SCHOOL ADDRESS: _____
Street City State Zip Code

SCHOOL #: ____ - ____ - ____ CELL #: ____ - ____ - ____ WORK #: ____ - ____ - ____

HOME #: ____ - ____ - ____ E-MAIL: _____

AGE: ____ D.O.B. ____/____/____ S.S. # ____ - ____ - ____

Education:

IF YOU ARE CURRENTLY A STUDENT PLEASE PROVIDE THE FOLLOWING INFORMATION:

SCHOOL NAME: _____

SCHOOL ADDRESS: _____
Street City State Zip Code

SCHOOL #: ____ - ____ - ____ GRADE: _____

GUIDANCE COUNSELOR/ADVISOR: _____

Employment:

BUSINESS NAME: _____

HOW LONG HAVE YOU WORKED THERE? _____

BUSINESS ADDRESS: _____
Street City State Zip Code

WORK #: ____ - ____ - ____

DO YOU HAVE ANY SPECIAL TRAINING OR EDUCATION? YES NO

IF YES, PLEASE DESCRIBE

WHAT TALENTS OR SPECIAL SKILLS DO YOU POSSESS?

LIST ANY SOCIAL SERVICE OR SPECIAL INTEREST SOCIETIES, ORGANIZATIONS, FRATERNITIES,
SORORITIES OR CLUBS OF WHICH YOU ARE A MEMBER OR VOLUNTEER (CURRENTLY OR IN THE PAST)

LIST THE VOLUNTEER POSITION YOU ARE APPLYING FOR:

How did you hear from us? Please explain:

HOW MANY HOURS WOULD YOU BE AVAILABLE TO VOLUNTEER PER WEEK? _____

PLEASE SPECIFY CONVENIENT HOURS AND DAYS:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

WHEN WOULD YOU BE ABLE TO START _____

THIS SECTION IS TO BE COMPLETED BY PALISADES FSC STAFF:

POSITION: _____

ROLE & REPONSIBILITIES:

By signing this application I agree to volunteer at the Palisades Family Success Center as indicated in the schedule above for a period of one year. I understand that this agreement will be renegotiated at the end of that period. If I am unable to fulfill the commitment period or need to make any changes to the agreed upon schedule I agree to inform the Volunteer Coordinator one month before any change is necessary.

Intern Signature

Date

Volunteer Coordinator

Date