

ST. MARY ADVOCATES, INC.
536 GARDEN STREET
HOBOKEN
NEW JERSEY
07030

APPLICATION FOR VOLUNTEER SERVICES

NAME (LAST, FIRST, MIDDLE)

ADDRESS (NUMBER & STREET)

CITY, STATE, ZIP CODE

HOME TELEPHONE #

CELL TELEPHONE #

DATE OF BIRTH

SOCIAL SECURITY #

CURRENT/PAST EMPLOYMENT

SPECIAL SKILLS

HOBBIES & INTERESTS

VOLUNTEER EXPERIENCE

REASON FOR VOLUNTEERING

PHYSICAL LIMITATIONS (IF ANY):

EMERGENCY CONTACT:

NAME

ADDRESS

PHONE

RELATIONSHIP

CIRCLE DAYS AVAILABLE

MON / TUES / WED / THURS / FRI / SAT / SUN

HOURS AVAILABLE

HOW DID YOU LEARN ABOUT US

REFERENCES (IF PREVIOUS VOLUNTEER EXPERIENCE-GIVE NAME OF CONTACT)

NAME

ADDRESS

PHONE

NAME

ADDRESS

PHONE

(USE OTHER SIDE IF NEEDED)

I HEREBY AUTHORIZE MY REFERENCE TO RELEASE INFORMATION PERTINENT TO MY VOLUNTEERING. I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I RECOGNIZE THAT MISREPRESENTATION OF FACTS CALLED FOR ON THIS APPLICATION MAY CAUSE REJECTION OF THE APPLICATION OR TERMINATION OF VOLUNTEERING.

SIGNATURE

DATE

INTERVIEW DATE

DATE AVAILABLE

DATE STARTED

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DISCLOSURE FORM

In connection with my application for **ST. MARY ADVOCATES, INC.** Volunteer Services, I understand that investigative background inquiries will be made concerning me, including, investigative consumer reports, criminal, driving and other reports. These reports may include information as to my character, credit worthiness, general reputation, personal characteristics, mode of living, work habits, performance and experience along with reasons for termination of past employment from previous employers. I have a right to request disclosure of the nature and scope of the report which involves personal interviews with sources such as neighbors, friends or associates.

I authorize, without reservations, any party or agency contacted by the Volunteer Services Department of the **ST. MARY ADVOCATES, INC.** to furnish the above mentioned information.

FULL NAME (PRINT) _____

*SOCIAL SECURITY # _____ **DATE OF BIRTH _____

CURRENT ADDRESS _____

CITY/STATE/ZIP _____

DRIVER'S LICENSE # _____ STATE _____
(PLEASE PROVIDE COPY)

APPLICANT'S SIGNATURE _____ DATE _____

- * Social Security Number is being required in order to obtain accurate retrieval of background inquiry records.
- ** Date of Birth is being required in order to obtain accurate retrieval of records.

Information in this document is intended only as a service to inform or be educational in nature. Nothing herein should ever be construed as legal advice or opinion or as the offer of such.