



Ocean Of Love
1709 Highway 37 East
Toms River, NJ 08753
(732)270-3500

VOLUNTEER APPLICATION FORM

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

PERSONAL INFORMATION

First Name _____ Last Name _____

Street Address _____

City, State, Zip Code _____

Email Address _____

Home Phone Number (_____) _____ Cell Phone Number (_____) _____

Who can we notify in case of an emergency? Name _____

Phone Number (_____) _____ Address _____

Have you ever been convicted of, pled guilty or pled no contest to a felony or misdemeanor?

Yes _____ No _____ If yes, please explain: _____

SPECIAL SKILLS AND QUALIFICATIONS

List any special interests, skills, licenses, honors, awards that would especially qualify you to volunteer here:

How were you referred to Ocean of Love to volunteer? _____

EDUCATION

	School Name	Graduation Year	Major/Degree
High School	_____	_____	_____

College	_____	_____	_____
---------	-------	-------	-------

Other School	_____	_____	_____
--------------	-------	-------	-------

EMPLOYMENT HISTORY

___ Currently Employed ___ Currently Unemployed ___ Retired
Current/Previous Employer: _____ Position Title: _____
Address: _____
Supervisor Name: _____ Phone: _____
Dates Of Employment, From: _____ To: _____
Responsibilities: _____

VOLUNTEER EXPERIENCE

Have you ever volunteered before? ___Yes ___No If yes, please list last two organizaton(s).

Organization: _____ Supervisor Name _____
Address: _____ Phone: _____
From: _____ To: _____ Responsibilities: _____

Organization: _____ Supervisor Name _____
Address: _____ Phone: _____
From: _____ To: _____ Responsibilities: _____

PERSONAL REFERENCES

(other than relatives)

	Name	Address	Phone
Reference #1	_____		
Reference #2	_____		
Reference #3	_____		

COMMITMENT

Volunteer work preferred:
___ babysitting during support groups ___ deliveries of holiday baskets/gifts
___ fundraising, soliciting, transporting, etc. ___ maintenance of grounds and/or office
___ helping with mailings ___ other
Are you available year round? Yes___ No___ If no, when? _____
Days/Hours/Times Available _____
What date are you available to start work? _____
Do you have a car available for your use for deliveries or pick-ups as needed? Yes___ No___

I have completed this application to the best of my knowledge and verify its contents. I hereby authorize Ocean Of Love to investigate all statements. I am also authorizing Ocean Of Love to contact employers, volunteer organizations and personal references to verify statements and provide information. I understand that false information may be grounds for immediate termination at any point in the future.

Signature: _____ Date: _____

**Ocean Of Love
1709 Highway 37 East
Toms River, NJ 08753**

Revised 9/06