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

<table>
<thead>
<tr>
<th>School Name</th>
<th>Graduation Year</th>
<th>Major/Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
<td>__________________</td>
<td>_____________</td>
</tr>
<tr>
<td>College</td>
<td>__________________</td>
<td>_____________</td>
</tr>
<tr>
<td>Other School</td>
<td>__________________</td>
<td>_____________</td>
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</tbody>
</table>

Revised 9/06
EMPLOYMENT HISTORY
___ Currently Employed     ___Currently Unemployed     ___ Retired
Current/Previous Employer: ___________________________________ Position Title: ____________________________
Address: ___________________________________________ Phone: ____________________________
Supervisor Name: ______________________________________  Phone: ____________________________
Dates Of Employment, From: ______________ To: ______________
Responsibilities: ________________________________________________________________

VOLUNTEER EXPERIENCE
Have you ever volunteered before?  ___Yes     ___No  If yes, please list last two organization(s).
Organization: _________________________________   Supervisor Name___________________________
Address: ______________________________________  Phone: ____________________________
From: __________  To: __________     Responsibilities:__________________________________________
_______________________________________________________________________________________
Organization: _________________________________   Supervisor Name___________________________
Address: ______________________________________  Phone: ____________________________
From: __________  To: __________     Responsibilities:__________________
_______________________________________________________________________________________

PERSONAL REFERENCES
(other than relatives)

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference #1</td>
<td>___________________________</td>
<td></td>
</tr>
<tr>
<td>Reference #2</td>
<td>______________</td>
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<tr>
<td>Reference #3</td>
<td>___________________________</td>
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</tbody>
</table>

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