



**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: _____
Best Contact Number (_____) _____

Who can we notify in case of an emergency?

Name _____ Phone Number (_____) _____

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

No ___ Yes ___ If yes, please explain: _____

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

EDUCATION

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

EMPLOYMENT HISTORY

Currently Employed ___ Unemployed ___ Retired ___

Current/Previous Employer: _____ Position Title: _____

Address: _____

Supervisor Name: _____ Phone/ Email: _____

VOLUNTEER EXPERIENCE

Have you ever volunteered before? No ___ Yes ___

If yes, please list last two organizations:

Organization: _____
Supervisor Name: _____ Email or Phone: _____
Address: _____ Email or Phone: _____
Date of Volunteer: From _____ To _____ Responsibilities: _____

Organization: _____
Supervisor Name: _____ Email or Phone: _____
Address: _____ Email or Phone: _____
Date of Volunteer: From _____ To _____ Responsibilities: _____

PERSONAL REFERENCES
(Other than relatives)

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

COMMITMENT

Volunteer work preferred:

- Fundraising, soliciting. Deliveries of holiday baskets/gifts.
- Helping with mailings. Maintenance of grounds and/or office

Are you available all year round? Yes ___ No ___ If not, when? _____

Days/Hours/ Times Available: _____

What date are you available to start volunteering? _____

Do you have a reliable vehicle available for your use for deliveries and pick-ups as needed? Yes___ No ___

I have completed this application to the best of my knowledge and verify its contents. I am 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: _____

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