

NEIGHBOR to neighbor NETWORK*

VOLUNTEER APPLICATION

One Municipal Plaza, Room 213 • Bloomfield, NJ 07003 • (P) 973-680-4017 • (F) 973-743-3061 or 973-748-4525
www.volunteerntnn.org • NTNNVolunteerCoordinator@gmail.com

Name: _____ Date: _____
Last First Middle

Address: _____
Street Apt. # City Zip code

E-Mail: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Preferred Method of Contact: _____

Have you previously volunteered before? _____

If yes, where and how long? _____

How did you hear about NTNN? _____

Driver's License #: _____

Emergency Contact: _____ Phone #: _____

Do you have any condition (**medical, emotional or physical**), or are you taking any medication that might interfere with your work as a NEIGHBOR TO NEIGHBOR NETWORK volunteer?

No: _____ Yes: _____ If yes, please explain: _____

Have you ever been convicted of or pled guilty to a criminal offense? No: _____ Yes: _____

If yes, please explain: _____

Please circle the day(s) and shift(s) that you are available to volunteer:

Mornings: Mon Tues Wed Thurs Fri Sat Sun

Afternoons: Mon Tues Wed Thurs Fri Sat Sun

Evenings: Mon Tues Wed Thurs Fri Sat Sun

PLEASE CHECK ALL AREAS IN WHICH YOU ARE INTERESTED IN VOLUNTEERING:

FOOD DELIVERY

- Weekly
- As needed (substitute Food Delivery Volunteer)

FRIENDLY VISITOR (DRIVING)

- Food Shopping and other errands
- Driving/escorting to medical or other important appointments
- Circle all that apply:
 - I am applying to drive client(s) in my car
 - I am applying to run errands or go to store and bring goods back to client(s)

FRIENDLY VISITOR (IN-HOME/NON-DRIVING)

- Seasonal lawn care (lawn moving, snow shoveling, raking)
- Visiting and providing companionship/conversation
- Lending a hand with minor home repairs
- Committee Member: Media, Fundraising, etc.
- Other: _____

Please give 3 professional or personal references below, (no roommates or family members) who have known you for more than 2 years.

1. _____
Name Company/Institution (if relevant)

Phone Number

2. _____
Name Company/Institution (if relevant)

Phone Number

3. _____
Name Company/Institution (if relevant)

Phone Number

VOLUNTEER AGREEMENT

By my signature below I understand and agree to the following:

Neighbor to Neighbor Network [NTNN] is a Section 501 (c) (3) organization and operates as a volunteer organization that supports the residents and animals of Bloomfield. NTNN is an autonomous entity overseen by other volunteers and officers.

I certify that all information in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal, if discovered, at a later date.

I authorize the release of reference information and verification of the facts set forth in my application. I authorize NTNN to conduct a criminal background and department of motor vehicle investigation.

Please initial here: _____

My service as a volunteer is by mutual consent and may be separated by the NTNN or by myself, at any time with or without cause. I understand that while serving as a volunteer I will abide by all organization rules, regulations, policies and procedures. I understand that failure to carry out the responsibilities of a Volunteer and/or conduct myself in a manner other than in the best interest of the NTNN the residents it serves is grounds for immediate separation (dismissal)

I knowingly accept the risks, including personal injury associated with volunteering. I also understand transporting residents and/or animals in my vehicle are in my sole discretion and in doing so I assume all liabilities associated with performing this volunteer service. I agree to hold harmless the Bloomfield Board of Health, Bloomfield Department of Health and Human Services, Neighbor to Neighbor Network, Township of Bloomfield, its officers, employees, servants and agents against all injuries, losses, claims, suits, liabilities, judgments, costs and expenses, including attorney's fees which may result from my work as a Volunteer.

If I signed up for a non-driving/transportation volunteer position on this application, I will not transport any goods or clients as part of my volunteer service. If I signed up for a driving/transportation volunteer position as stated on this application, I acknowledge that I have both a valid drivers license and an automobile liability insurance policy. I agree to maintain my vehicle, drivers license, and an insurance policy. I also agree not to drive while under the influence of alcohol or any intoxicating substances. **Please initial here:** _____

I have no physical or emotional ailments that would prevent me from performing the volunteer duties that I have expressed an interest in.

I understand that I may not volunteer until a background, reference, and motor vehicle record check (if driving/transporting) is completed.

If I am arrested, in an auto accident, or receive a moving violation during my volunteer services at Neighbor to Neighbor Network I agree to notify the Volunteer Coordinator. Failure to do so may result in termination.

Qualified applicants are considered for all positions without regard to race, color, sex, religion, national origin, age, sexual orientation, disability or status.

I have read and understand the above and by my signature consent to these statements.

Printed Name of Volunteer Applicant: _____ Date: _____

Signature of Volunteer Applicant: _____

Signature of Witness: _____

IN OFFICE USE

Received copy of driver's license _____

Received signed Confidentiality Agreement _____

References have been verified _____

NTNN Insurance Policy was reviewed _____

Interviewer: _____

Date: _____

Interview Type: Phone Face-to-Face Email Other

Comments: _____

Volunteer Interests: _____

Placement Recommendations: _____

Additional Contact: _____
