



SSGT Joseph D'Augustine Memorial Fund
P.O. Box 192
Waldwick, NJ 07463
www.ssjdmf.com

Volunteer Application

General Information

Name: _____ Date: _____

Address: _____ Town: _____ State: _____

Zip: _____ Date of Birth: _____ Phone (H) _____ (C) _____

E-Mail Address: _____

If Student, name of school or organization: _____

How did you learn about the program? _____

If under the age of 18:

Parent/Legal Guardian Name: _____

Address: _____ Phone: _____

Signature: _____ Date: _____

Health History

Please describe any current health status. Allergies and/or medications.

In the event of an Emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____



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Photo Release

Name:

Address:

Phone:

Photo Release:

Do

Do Not

consent to and authorize the use and reproduction by SSGT Joseph D'Augustine Memorial Fund of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, or for any other use for the benefit of the organization.

Signature: _____

Date: _____

Parent/Legal Guardian

Signature: _____

Date: _____



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Background Information

Have you ever been convicted of a crime? Y N : if yes please explain

I, _____ authorize SSGT Joseph D'Augustine Memorial Fund to receive information from any law endorsement agency, including police departments and sheriffs departments of this state or any other state or federal government to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws.

I understand that such access is for the purpose of considering my application as a volunteer and that I expressly DO NOT authorize SSGT Joseph D'Augustine Memorial Fund, it's directors, council members, or other volunteers to disseminate this information.

Signature: _____ Date: _____

Current Driver's License Y N

Lic.# _____ State: _____

Confidentiality Agreement

I understand that all information written and verbal about participants of SSGT Joseph D'Augustine Memorial Fund, is confidential and will not be shared with anyone without expressed written consent of the participant and their parent/guardian in the case of a minor.

Signature: _____ Date: _____



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Volunteer Interests

Name: _____ Date Available: _____
Phone: _____ Email: _____ Age: _____
T-Shirt Size: _____

Please check all volunteer opportunities that interest you:

- Visit veterans home (weekly-6 month commitment)
- Visit veterans home (Stand-by)
- Assembling packages
- Flyer hand outs/Administrative
- Veteran Events
- Annual Golf Outing Circle one: (Morning) (Afternoon) (All day)
- Annual Secret Santa for Vets

Availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							