



New Jersey Department of Environmental Protection
Division of Parks and Forestry



STATE PARK SERVICE
VOLUNTEERS IN PARKS PROGRAM

APPLICATION

Name: _____ Telephone Number: () _____

Address: _____
 (Street) (City)

 (State) (Zip Code) Date of Birth: _____
 (mm / dd)

Social Security Number: _____ Driver's License #: _____

Education/Experience/Special Interests:

Highest Level of Education Completed: _____
 Degree: _____
 Interests, Skills, Hobbies: _____

Have you ever performed volunteer work? If yes, explain.

What type of volunteer work would you consider?

Interpretation _____ Public Information _____ Crafts _____
 Maintenance _____ Campground Host _____ Gardening _____
 Other (Explain) _____

Please indicate day(s) of the week and hours you are available: _____

1/3/97



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VOLUNTEER AGREEMENT

I, _____, volunteer to serve
(Volunteer Name)

as _____ for
(Volunteer Position Assignment)

_____ from
(Park Name)

_____/_____/_____ through ____/____/_____.

As a Volunteer, I agree to do the following:

1. _____
2. _____
3. _____
4. _____
5. _____

The State Park Service agrees to provide the following:

1. _____
2. _____
3. _____
4. _____
5. _____

Signed: _____
(Volunteer)

Signed: _____
(Superintendent)

Date: ____/____/____

Date: ____/____/____