

Application for Counselor In Training 2019

**Township of Old Bridge-Dept. Of Parks, Recreation & Social Services
One Old Bridge Plaza, Old Bridge, NJ 08857**

APPLICANT INFORMATION

Today's Date:	Social Security No.:	
Will you be turning 14 before June 15, 2019	If not, when will you be?	
Last Name:	First:	Middle:
Address:		
		Email Address:
Daytime Phone:	Evening Phone (if different):	

SPECIAL SKILLS

Summarize special skills and qualifications:

Have you ever volunteered for the Recreation Dept. in the past? If so, when and where?

Please list your Supervisor's name:

GENERAL

Date you can start:	Hours available:	
Any Vacations during July?	Are there any days/times when you are not available to volunteer?	
Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Contact in case of an emergency:	Relation:	Phone:
Please list the top three (3) sites that you would like to volunteer at (please note these sites are not guaranteed):		
1)	2)	3)
Do you have any problem attending the Orientation Workshop? (Tentatively scheduled for a Wed. evening in June) YES NO		
Do you have any problems attending bi-weekly after hour meetings if necessary? YES NO		

REFERENCE AND VOLUNTEER HISTORY INFORMATION

List employers or volunteer organizations beginning with most recent

Employer:	Supervisor:	
Address:	Phone:	
Employer:	Supervisor:	
Address:	Phone:	
Employer:	Supervisor:	
Address:	Phone:	

Please list any other comments that are relevant to becoming a volunteer :
