

|                        |  |
|------------------------|--|
| <b>Position:</b>       |  |
| <b>Date<br/>Rec'd:</b> |  |
| <b>Response:</b>       |  |
| <b>Interview:</b>      |  |
| <b>Interviewer:</b>    |  |

***Please return completed application to:***

Superintendent's Office

**AUDUBON PUBLIC SCHOOLS**

350 Edgewood Avenue

Audubon, NJ 08106

856-547-7695 x4102

rcoombs@audubonschools.org

# VOLUNTEER APPLICATION

### 1. Applicant Information:

a. Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

b. Address: \_\_\_\_\_  
(Street) (City) (State and Zip)

c. Social Security #: \_\_\_\_\_

d. Date of Birth \_\_\_\_\_

d. Contact Information : ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Home Phone #) (Cell Phone#)

e. E-Mail Address:

f. Any Physical Limitations?

**Please select the school/schools that you will be volunteer at:**

## Audubon Park Preschool

Haviland Avenue School

Mansion Avenue School

Audubon Jr. /Sr. High School

What type of volunteer work will you be doing at the school? \_\_\_\_\_

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**Date**

**Applicant's Signature**