Educational Services Commission of New Jersey
www.ESCNJ.us

Volunteer Application

LAST NAME	FIRST NAME	MIDDLE	DATE
STREET ADDRESS			HOME PHONE
CITY, STATE, ZIP			CELL PHONE
REASON FOR VOLUNTEER PROGRAM			EMAIL ADDRESS
ORGANIZATION / UNIVERSITY NAME / CONTACT PERSON			EMERGENCY CONTACT NAME
LENGTH OF VOLUNTEER PROGRAM / APPROXIMATE HOURS PER WEEK			EMERGENCY CONTACT PHONE
PROGRAM START DATE	PROGRAM END DATE		
ESCNJ LOCATION OF VOLUNTEER PROGRAM			

***Volunteers who will be working with pupils for more than 20 hours per month must provide proof of a negative Tuberculosis (TB/PPD) test completed within the past five years.**

Have you ever been convicted of a criminal offense? **YES** **NO**

Within the last ten years, have you been fired from any job for any reason? **YES** **NO**

Have you ever been professionally disciplined in any state? **YES** **NO**

If "yes" to above questions, please explain:

Certification and Release Authorization

I certify that all statements and information contained in this application are true, complete and accurate to the best of my knowledge. I understand that any misrepresentation, or omission, of facts shall be sufficient cause for rejecting my candidacy. I hereby authorize investigation of all statements contained in this application. I release from all liability persons and organizations reporting information required by this application.

_____ _____

Signature of Applicant Date

Equal Opportunity Employer
It is the policy of the Educational Services Commission of New Jersey not to discriminate on the basis of race, creed, color, sex, national origin, political affiliation, religion, sexual orientation, English proficiency, socio-economic status or disability. 12/06