



# ATLANTIC COUNTY GOVERNMENT

Division of Human Resources  
1333 Atlantic Avenue, Atlantic City, NJ 08401

## VOLUNTEER / INTERN / SPECIAL APPLICATION

### PERSONAL DATA

**NAME:** \_\_\_\_\_  
LAST, FIRST, MIDDLE

**ADDRESS:** \_\_\_\_\_  
NUMBER, STREET, CITY, STATE, ZIP

**TELEPHONE:** Home:  
Work:  
E-MAIL:

### SOCIAL SECURITY NUMBER:

Have you ever been convicted of a crime or disorderly person's offense other than a traffic violation?  
Yes No

"  
"

If you have been convicted of a crime, please cite year, conviction, county or state of conviction.

### EDUCATION

	School Name & Location	Highest grade Completed	Degree Course Of Study
High School			
College			
Graduate			
Other Special Training			

**SKILLS, INTERESTS, HOBBIES:**

**FOREIGN LANGUAGES (SPEAK, READ, and WRITE):**

**ARE YOU CURRENTLY EMPLOYED?''''''[ gu''''''''Pq**

**IF YES, PLEASE LIST EMPLOYER & ADDRESS:**

**ARE YOU A CURRENTLY ENROLLED STUDENT? ''''''[ gu''''''''Pq**

**IF YES, PLEASE LIST SCHOOL:**

**ARE YOU RETIRED? ''''''''[ gu''''''''Pq**

**TYPE OF VOLUNTEER ASSIGNMENT YOU PREFER:**

**WHY ARE YOU INTERESTED IN THIS AREA?**

**LIST OTHER AREAS YOU WOULD BE INTERESTED IN, IF YOUR FIRST CHOICE IS UNAVAILABLE?**

**CIRCLE THE DAYS OF THE WEEK YOU ARE AVAILABLE**

Monday       Tuesday       Wednesday       Thursday       Friday

**LIST HOURS YOU PREFER:**

**LIST ANY PREVIOUS VOLUNTEER EXPERIENCE:**

**DATES:**

**NUMBER OF HOURS SERVED:**

**HOW DID YOU HEAR ABOUT ATLANTIC COUNTY VOLUNTEERS?**

**IF YOU WERE REFERRED BY AN ATLANTIC COUNTY EMPLOYEE, PLEASE GIVE THEIR NAME AND DEPARTMENT**

**REFERENCES**

**PLEASE PROVIDE TWO PROFESSIONAL AND/OR PERSONAL REFERENCES**

	Name	Street Address	City/St. & Zip Code	Phone Number
1.				
2.				

**STATEMENT OF AGREEMENT**

I understand that I must be punctual and regular in attendance, helpful in my assignment and careful to honor the confidential nature of what I observe and all other rules and regulations of Atlantic County Government. I understand that my service as a volunteer is conditional, based on need and satisfactory service, and may be canceled at any time.

I certify that information within this application is true and correct to the best of my knowledge. I understand any false statement on this application may be considered cause for rejection of said application or for dismissal if such statement is discovered subsequent to an assignment.

I give permission for Atlantic County Government to investigate the information contained in this application, including inquiries of law enforcement agencies for possible pending charges or convictions. I authorize employers, educational institutions, law enforcement agencies, agencies where I have previously volunteered and the U.S. Government to release information on me to Atlantic County Government.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Parent or Guardian Signature (if applicant is under 18 years of age) \_\_\_\_\_

## PHOTO/PUBLICITY RELEASE

The undersigned hereby releases the County of Atlantic, its agents, servants and employees from any and all liability, claims for damages and/or claims which may arise from the release or public display of the name and/or photograph of either a.) my child/ward or b.) myself as part of any Atlantic County Publication, promotion and/or press release.

\_\_\_\_\_ **DATE**

\_\_\_\_\_ **SIGNATURE**

\_\_\_\_\_ **PRINT NAME**



### DIVISION OF HUMAN RESOURCES USE ONLY

**Volunteer**    **Intern**    **CWEP**    **Other, explain:** \_\_\_\_\_

**Criminal background check required:**    **YES**    **NO**

**Reference Letters Sent:** \_\_\_\_\_ **Received:** \_\_\_\_\_

**Placement Location:** \_\_\_\_\_ **Expected Start Date:** \_\_\_\_\_

**Actual Start Date:** \_\_\_\_\_ **Termination Date:** \_\_\_\_\_

**Reason for Termination:** \_\_\_\_\_

**Exit Interview Held:** \_\_\_\_\_

**Attachments:**