



Joseph N. DiVincenzo, Jr.  
Essex County Executive

Essex County Environmental Center  
621 B Eagle Rock Avenue  
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Daniel K. Salvante  
Director

## VOLUNTEER APPLICATION

*Please complete the entire application. Incomplete applications will not be considered for review. Volunteers under 18 must have a parent or guardian signature.*

**Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Mailing Address: (Street, City, State, Zip)** \_\_\_\_\_  
\_\_\_\_\_

**Home Address: (If different)** \_\_\_\_\_  
\_\_\_\_\_

**Birth Date:** \_\_\_\_\_

### Medical Information:

- Medications or medical conditions of note: \_\_\_\_\_  
\_\_\_\_\_

**Do you have any limitations or allergies that might prevent you from working at the Essex County Environmental Center or participating in any activities? Please explain.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency contacts:** Please provide a name and two phone numbers for each person that we can contact on your behalf in case of emergency.

- Contact #1: \_\_\_\_\_
- Contact #2: \_\_\_\_\_

In case of emergency I allow the Staff of the Essex County Environmental Center to contact the above-mentioned people as well as 911 or appropriate authorities.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please Note: This must be signed by a parent/guardian if the applicant is under 18*

*"Putting Essex County First"*

**Background Information:**

In the past 7 years, have you ever been convicted of a crime (misdemeanor or felony), other than a minor traffic violation? (A conviction includes a plea, verdict or finding of guilt regardless of whether sentence was imposed by the court).

- Charge:
- Date of Conviction:
- Place of Conviction:
- Sentence:

*Please Note: Disclosure of a criminal record will not necessarily disqualify you from volunteering for the Environmental Center. However, failure to disclose such information may result in disqualification of your application or termination of your volunteer service.*

**Interests:**

Areas of Interest	Please ✓	Comments
Artistic/Graphic Ability		
Trail Guide		
Horticulture		
Office Assistant		
Gift Shop		
Mailings		
Work Projects		
Paddle Trips		
Storytelling/Teaching		

Special Skills	Please ✓	When/Where Certified

Add any special interests not listed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Availability:**

<b>Volunteer days</b>	<b>✓</b>	<b>AM 9-12</b>	<b>PM 1-5</b>	<b>EVE 6-9pm</b>
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

**Education/Training:** Check highest level of education you have completed.

<b>Level Completed</b>	<b>✓</b>
Elementary School	
High School or GED	
Bachelors Degree	
Associate's Degree	
Some College	
Masters Degree	

Have you volunteered before?

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**Please explain why you are interested in volunteering at the environmental center.**

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**Does this volunteer opportunity fulfill an educational or civic requirement? YES/NO**  
*If yes, please check the one or more of the following:*

- Community Service Hours   
 High School Service Project   
 College Internship  
 Other \_\_\_\_\_

**Authorization to Release Information:**

I certify to the best of my knowledge, all of the above information I have provided to the Essex County Environmental Center is true and complete. I understand that any misrepresentation, falsification, or willful omission may result in a refusal of volunteer service or dismissal from volunteer service.

I understand that a routine inquiry may be made during the processing of this information that will provide or confirm information concerning my character, general reputation, medical/physical condition, education, training and qualifications.

As a condition of volunteering at the Essex County Environmental Center, I hereby authorize the release of the above information whether such information is of record or not.

I release all individuals, employers, agencies, firms, organizations, educational institutions, medical institutions and law enforcement authorities from any liabilities resulting from providing such information.

Print applicant name: \_\_\_\_\_

Applicant signature: \_\_\_\_\_

Print parent/guardian name: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_