



TOWNSHIP OF EGG HARBOR
DEPARTMENT OF PARKS AND RECREATION
5045 English Creek Avenue Egg
Harbor Township, NJ 08234
(609) 272-8120

Dear Prospective Volunteer:

We appreciate your interest in becoming a volunteer for the Egg Harbor Township Department of Parks and Recreation and look forward to the creativity and compassion that you will be able to offer the many children and families.

In order to begin your involvement with the Recreation Department, the following must be completed:

- : A volunteer application and background check consent form
- : 2 Confidential References that you are to have completed by 2 people other than family members
- : Complete screening interview with program staff

Parks and Recreation Department program volunteers must be at least 14 years old. Summer Camp volunteer counselors must be at least 14 years old and have finished their freshman year of high school.

We value your commitment to Egg Harbor Township and look forward to working with you to make your volunteer opportunity very rewarding.

Thank you again for your interest in Egg Harbor Township Parks and Recreation. Please feel free to contact us at 609-272-8120 with any questions you may have.

Appreciatively,

Richard Audet

Richard Audet, CPRP
Director of Parks and Recreation



EGG HARBOR TOWNSHIP PARKS AND RECREATION VOLUNTEER APPLICATION



PLEASE PRINT

Program(s) Interested In			Date of Application	
Last Name		First Name		Middle Name
Street Address		City		State
Telephone Numbers - Home		Cell		Other
Email Address				Date of Birth

T-Shirt Size A-Small A-Medium A-Large A-X-Large A-XXLarge

Are you a student? Yes No If yes, where: _____

School Address: _____

Do you need a letter to verify leadership or community service hours? Yes No

Person to send letter to: _____

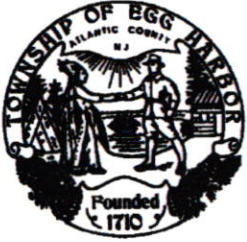
Day(s) / Time Available: _____

Day(s) Not Available: _____

Education(Grade) Completed: _____

Work History for the past 10 years:

Employer	Job Duties	Employment Dates



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Special Talents/skills/interest you would like to share:

With what age group do you feel most comfortable? _____

Why would you like to become a volunteer for EHT Recreation?

Specific medical allergies, chronic illness, or other conditions that would prevent you from participating in physical activities:

Have you ever been convicted of a crime or felony? _____ If yes, please explain: _____

Name and complete mailing address of two (2) personal references (non-family members) who will be required to complete a reference request form that you will forward to them (attached):

1. _____

2. _____



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I affirm under oath and subject to penalties of perjury that the foregoing answers and statements are, to the best of my knowledge, true, correct and complete.

I understand and authorize that my application, reference forms and interview responses will be shared with the program supervisor in which I will be a volunteer;

I understand that I will be required to be fingerprinted and submit to a drug and/or alcohol test and any other health screening deemed necessary by the Township of Egg Harbor;

I understand that while active as a volunteer for the EHT Recreation Department I am obligated to report if there are any changes in my arrest record;

I understand that the EHT Recreation Department uses photos of volunteers in a variety of activities for promotional reasons. I am willing to support their efforts. EHT Recreation has my permission to use my name and photos of me to promote the programs.

PRINT FULL NAME: _____

SIGNATURE: _____

DATE: _____

If under the age of 18, parent/guardian consent:

PRINT PARENT/GUARDIAN'S FULL NAME: _____

SIGNATURE: _____

DATE: _____