

RECREATION DEPARTMENT

BOROUGH OF HIGHLANDS

22 SNUG HARBOR AVENUE
HIGHLANDS, NJ 07732



732-872-1224 ext. 232
Recreation @highlandsborough.org
www.highlandsborough.org

VOLUNTEER APPLICATION

NAME: _____ ADDRESS: _____

PHONE: _____ EMAIL: _____

GRADE: _____ SCHOOL: _____

AGE GROUP: 12-17 18-24 25-34 35-44 45-54 55+

ARE YOU VOLUNTEERING FOR A SPECIFIC GROUP/PROGRAM? YES NO

If so, please attach the group and contact information along with how many hours are required and the deadline.

BACKGROUND INVESTIGATION & IDENTIFICATION VERIFICATION

Applicants will be required to cover the cost of fingerprinting and name check as well as make their own appointment.

I understand and agree to a background check conducted by the Borough of Highlands or their designee.

YES NO

*Attach copy of photo identification
Applicants may be eligible for reimbursement.*

SPECIAL SKILLS

AVAILABILITY

DAYS OF THE WEEK: _____

TIMES: _____

SPECIFIC PROGRAM _____

We do not accept volunteers during summer camp.

MEDICAL TRAINING

CPR AED EMT

FIRST RESPONDER YES NO

OTHER _____

Attach any certifications you possess.

REFERENCES

NAME	PHONE	EMAIL	RELATIONSHIP	YEARS KNOWN
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1. _____

2. _____

3. _____