



Applicant Information

Full Name _____ Date _____
Last First Middle

Address _____
Street/Apt. City State ZIP

Home Telephone (____) _____ Mobile Telephone (____) _____

Email Address _____ How did you hear about PCA-NJ? _____

Emergency Contact Name _____ Phone Number (____) _____

Date Available to Start _____ Are you under 18? Yes No If yes, age? _____

Have you ever worked/volunteered with PCA-NJ before? Yes No When? _____

Have you been convicted of a crime in the last 7 years? Yes No

Such conviction may be relevant if job-related but does not necessarily bar you from volunteering. You do not need to list any minor traffic offenses or misdemeanors or any felony convictions which have been expunged or expelled by a court, or which have been sealed by court order. Any false information or false statements provided by you may be reason to deny your application.

If yes, please explain. _____

Availability

Check all that apply.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Student Applicants Only

School _____ Advisor _____ Phone _____

Major/Field of Interest _____ Graduation Year _____

Are you receiving school credit? # Hours Required # Hours Requested

Name of Parent or Guardian (if under 18) _____ Guardian Phone _____

Extracurricular Activities _____

Skills and Qualifications

Summarize any training, skills, licenses, certificates or characteristics that are relevant, including computer applications and foreign languages spoken.

[Large empty box for summarizing skills and qualifications]

Educational Background

	Name & Location	# Years Completed	Graduation Date	Degree/Course of Study
High School				
College				
Graduate/Other				

Work Experience

Please list your last three employers, assignments, or volunteer activities, starting with the most recent, including military experience.

From	To	Employer	Job Title	
Address		City	State	ZIP
Immediate Supervisor/ Title		Phone		
Brief Summary of Job/ Reason for Leaving				

From	To	Employer	Job Title	
Address		City	State	ZIP
Immediate Supervisor/ Title		Phone		
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Immediate Supervisor/ Title		Phone		
Brief Summary of Job/ Reason for Leaving				

Professional References

Name/Relationship	Phone	Years Known

I acknowledge that I have chosen to freely donate my services on a part-time basis to Prevent Child Abuse—New Jersey, Inc., a nonprofit corporation (the “Agency”), to assist the Agency in fulfilling its charitable purposes. I acknowledge and understand that this position is voluntary and that I am not an employee (as such term is defined by the Fair Labor Standards Act) of the Agency and will not receive any pay, compensation, or benefits of any kind, including but not limited to medical insurance and workers’ compensation, for my services. I understand that this volunteer relationship may be terminated at any time by either me or the Agency.

I agree not to use or possess any illegal drugs, alcohol, or firearms while performing volunteer services with the Agency.

I agree to respect the confidentiality of any and all information I receive as part of my volunteer services to the Agency, and I shall not disclose such confidential information to anyone without the express written consent of the Agency.

In consideration of the Agency’s permitting me to participate and to engage in all activities related to the performance of my volunteer services, I hereby voluntarily assume all risks associated with these activities and agree to waive, release, exonerate, save harmless, and indemnify the Agency, its board of directors, officers, agents, and employees from any and all liability, claims, causes of actions, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in the volunteer activities.

I consent to the use of photographs, video images, or audio recordings of my image, voice, or likeness in any news articles, publications, press releases, or any other lawful use in connection with the Agency’s nonprofit activities, and I agree that I shall receive no compensation in connection with the use of my image, voice, or likeness as a result of any such use or publication.

I give the organization the right to investigate all references and to secure additional information about me, if related to my performance as a volunteer. I hereby release the organization and its representatives from any liability for seeking such information, as well as all other persons, corporations or organizations for furnishing such information to the organization.

Signature of Applicant _____ Date _____