



# Covenant House New Jersey

330 WASHINGTON STREET, NEWARK, N.J. 07102 • Ph: (973) 621-8705 • Fax: (973) 621-6680

Date of Application: \_\_\_\_\_

<b>VOLUNTEER APPLICATION (Please Print)</b>							
LAST NAME		FIRST NAME		MIDDLE INITIAL		SOCIAL SECURITY #	
STREET ADDRESS			APT#	CITY		STATE	ZIP CODE
HOME PHONE NUMBER		WORK NUMBER		OTHER NUMBER		EMAIL ADDRESS	
EDUCATION	NAME OF SCHOOL			# OF YRS ATTENDED	DID YOU GRADUATE (Yes or No)	DEGREE AWARDED	
HIGH SCHOOL							
COLLEGE							
GRADUATE							
OTHER EDUCATION/TRAINING							
Have you ever volunteered at Covenant House? YES ___ NO ___ If YES, when and where:				Have you ever been convicted of a crime? (Exclude minor traffic violations) YES ___ NO ___ If YES explain:			
Were you a Covenant House resident? Yes ___ No ___ If yes, when?				Do you have a NJ Drivers License? Yes ___ No ___ Do you have a good driving record? Yes ___ No ___			
Name if different _____				Are you 23 years old or older? Yes ___ No ___			
Please indicate the days and times that you would be available to volunteer:							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Mornings (9am-12pm)							
Afternoons (12pm-5pm)							



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Evenings (5pm-12am)							
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It is helpful to us and our work with our young people to know a little more about you. With this in mind, please answer all of the following questions fully. You may write them on this sheet or attach additional paper as needed.

1. How did you become interested in volunteering at Covenant House?

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2. List any activities or memberships in organizations that may be relevant to volunteering at Covenant House:

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3. List any skills or special training that may be relevant to volunteering at Covenant House. Please attach a resume if possible:

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4. Describe an experience in your life that you feel was significant in your development:

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5. What do you hope to accomplish from your volunteer experience at Covenant House?

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6. List any specific ideas (activities, groups, tasks, etc.) that you would like to do as part of your volunteer experience:

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**REFERENCE SECTION:**

As part of your application, we ask that you obtain references from three (3) people who can speak to your suitability to work with adolescents/young adults in a setting where you will serve as role model for our young people.

Attached are three copies of the **Reference Form** that should be distributed to the people you will ask to serve as references.

Below, please provide the **NAME** and **CONTACT INFORMATION** for the people you will ask to serve as references:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
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## REFERENCE FORM

Applicant's Name: \_\_\_\_\_

The person named above has applied to serve as a volunteer with Covenant House, in one of our many programs serving runaway and homeless youth here in Newark, New Jersey.

There are many ways in which a volunteer assists us in our work with young people. We would appreciate your candid assessment of the applicant's suitability to work with adolescents/young adults in a setting where all staff and volunteers serve as role models for our youth. Your thoughtful response to this request will help us to provide a meaningful volunteer experience for the applicant, since it is through your insights that we will be further guided in our choice of his/her volunteer placement.

Please provide your written response on the backside of this page or attach additional sheets.

Thank you in advance for your time and attention to this matter.

Reference completed by: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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

Please return this form to:

Covenant House New Jersey  
c/o Volunteer Coordinator  
330 Washington Street



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## EMERGENCY INFORMATION FORM

In order to help us keep you safe during your volunteer experience and to be able to better respond to a potential medical emergency, please provide the following information:

**Name:** \_\_\_\_\_  
Last Name First Name Middle

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** Male Female

### Medical Information

Allergies to:	Drugs?	Yes	No	If yes, what? _____
	Foods?	Yes	No	If yes, what? _____
	Animal/Insect?	Yes	No	If yes, what? _____
	Inhalants?	Yes	No	If yes, what? _____
	Chemical?	Yes	No	If yes, what? _____

Do you have any current health problem(s) we should be aware of?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event of an emergency, please list the name and contact information for the person we should call:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_



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