



## VOLUNTEER APPLICATION

Date: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

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

\_\_\_\_\_

City	State	ZIP
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Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation/Employer/School: \_\_\_\_\_

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

Have you ever been convicted of a felony/crime/arrested? Yes \_\_\_\_\_ No \_\_\_\_\_

If answer is yes, please explain: \_\_\_\_\_

What training or formal education have you had that might enhance your volunteer experience with us? Please feel free to discuss special talents, interest, hobbies, etc. \_\_\_\_\_

\_\_\_\_\_

Please describe any paid/unpaid work experience you may have had that might relate to your interest in volunteering here: \_\_\_\_\_

\_\_\_\_\_

Are you currently doing any other volunteer work? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is yes, where? \_\_\_\_\_

How did you hear about volunteer opportunities at Anchor House? (Check one or more.)

Friend \_\_\_\_\_ Anchor House website \_\_\_\_\_ Other website \_\_\_\_\_ Other (please list) \_\_\_\_\_

Please explain why you are interested in volunteering at Anchor House? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Please list any community organizations or activities to which you currently belong and in which you participate: \_\_\_\_\_

Which program(s) are you most interested in working with?

Anchor House Shelter (ages 12-17) \_\_\_\_\_ Anchorage Transitional Living Program (18-21) \_\_\_\_\_  
Anchor Link \_\_\_\_\_

Please list any days/times you are available to volunteer: \_\_\_\_\_

Please also provide 3 personal or professional references. The reference form can be found online at [www.anchorhousenj.org](http://www.anchorhousenj.org) under the "Get Involved" tab. You may also request it from the Volunteer Coordinator at 609-396-8329. Please note that we cannot accept references from relatives/family members. Signed references on letterhead are preferred and may be submitted digitally or in hard copy by the person providing the reference.

**Applicant's Statement:**

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge and agree to have any of the statements verified by the agency or its representatives. I understand that providing any false or misleading information or any omissions may disqualify me from further consideration as a volunteer and may result in my immediate termination, even if discovered at a later date.

I authorize representatives of Anchor House, Inc. to conduct a thorough investigation of my activities, and authorize all references provided in this application, as well as all other individuals whom the agency and/or its representatives may contact, to provide all information they have about me. Furthermore, I agree to cooperate in such investigation and release all liability or responsibility of the agency, all persons and entities acting on its behalf, and all persons and entities requesting or supplying such information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please return completed application to:

Anchor House, Inc.  
482 Centre Street, Trenton, NJ 08611  
Attn: Volunteer Coordinator

Please note that reference forms may be submitted with volunteer application or sent separately. However, no interviews will be scheduled until all references have been received. Please direct any questions to 609-396-8329 x 109 or [ncody@anchorhousenj.org](mailto:ncody@anchorhousenj.org) *Thank you for your interest!*