



Application for Volunteer Service
Please Print

Name _____ Date _____ Social Security # _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail Address _____ DOB _____

Do you have any limitations that would affect your volunteer service? _____

Emergency Contact:

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Educational Background:

What special skills, interests, training, experience, hobbies, etc., do you have which would contribute to your involvement with Dottie's House? Please describe:

Work Experience (please include dates):

Please describe any previous volunteer experience (please include dates):

Have you ever been convicted of a crime? _____ If yes, please explain the place, date, and disposition of convictions. _____

How did you hear about Dottie's House?

Newspaper___ Internet___ Radio___ Phone book___ Friend___ Former client___ Other___

What especially interests you about volunteering at Dottie's House and what do you hope to get out of it?

List languages spoken other than English: _____

Please check off the days you will be available to volunteer your time and specify am or pm.

Sunday_____ Monday_____ Tuesday_____ Wednesday_____ Thursday_____ Friday_____ Saturday_____

Signature _____ Date _____

Please return completed application to:

Dottie's House
2141 Route 88 East, Suite 4
Brick, NJ 08724

Office: 732-295-7380