



Gateway Community Action Partnership Volunteer Application

Complete the Volunteer Application below and mail to:

Michelle Brown
Gateway Community Action Partnership
Human Resources Department
110 Cohansey St.
Bridgeton, NJ 08302

or email to: mbrown@gatewaycap.org

Department or Position Applying For: (If unknown, type "General")

Name:

Street Address:

Town:

State:

Zip Code:

Phone Number:

E-mail:

Date of birth: (mm/dd/yyyy)

Emergency Contact- Name:

Emergency Contact- Phone:

If you are under 18, do you have a sponsor?*

Yes

No

N/A

Please note: Minors under 18 must be sponsored to volunteer by a sending organization or a parent/guardian.

Sponsor Name:

Sponsor Contact Number:

How did you learn about volunteer opportunities with Gateway?

Areas of interest (Please check all that apply)

Childcare- Head Start/Early Learning Center/After-School

Literacy Helper (tutoring, assisting with Literacy program)

Gleaning (meal programs)

- Mill Creek Urban Farm
- Economic Development (community involvement, data entry)
- Health and Dental Health Activities(Tooth Mobile, assisting with screenings, tooth brushing)
- Clerical/Administrative (answering phones, greeting center visitors, computer entry)
- Other Please explain:

- Bridgeton Family Success Center
- Salem Family Success Center
- Millville Family Success Center

Skills (Please Check all that apply)

- Computer literate
- Spanish speaker
- Event planning
- Physical strength
- Tutoring experience
- Experience with children

Additional Comments (Skills, experience, etc)

Availability- How often can you volunteer?*

- Regularly each week
- 1-2 times per month

- Special projects/events

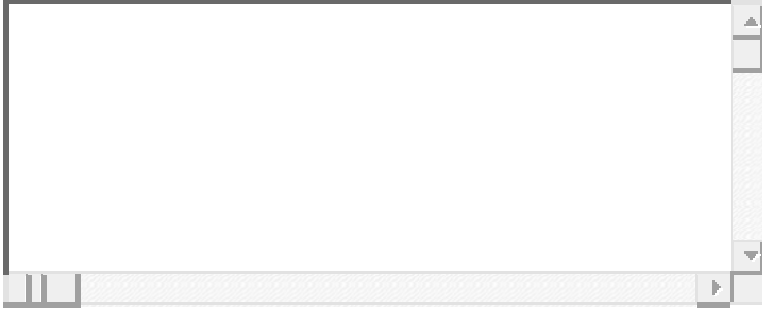
If you are available to volunteer regularly, how many hours can you serve each time?

Days and times available (Check all that apply)

- Monday morning
- Monday afternoon
- Monday evening
- Tuesday morning
- Tuesday afternoon
- Tuesday evening
- Wednesday morning
- Wednesday afternoon
- Wednesday evening
- Thursday morning
- Thursday afternoon
- Thursday evening
- Friday morning
- Friday afternoon
- Friday evening
- Saturday morning
- Saturday afternoon
- Saturday evening
- Sunday morning
- Sunday afternoon
- Sunday evening

If you plan to volunteer on a regular, weekly basis with any of our childcare programs, you are required to have a physical and a Tuberculosis test and submit to a background check and fingerprinting.

If you have ever been convicted of a crime or have pending charges, please explain offense and surrounding circumstances. (This information remains confidential.)



Are you willing to submit to a Child Abuse Record Information and Fingerprinting Check?*

- Yes
- No

Please list two references (at least one non-relative) with current address and phone numbers.

Signature Date: (mm/dd/yyyy)

If under 18

Parent/Guardian/Sending Agency Signature

Parent/Guardian/Sending Agency Phone:

Parent/Guardian/Sending Agency E-mail: