

JENKINSON'S AQUARIUM

VOLUNTEER APPLICATION

(Must be completed by applicant.)

DATE: _____

NAME: _____

ADDRESS(Street, City, State, Zip): _____

E-MAIL ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

SS #: _____ DATE OF TETANUS SHOT: _____

DATE OF BIRTH: _____

1) Are you 16 years of age or older? _____ YES _____ NO

2) Why have you chosen Jenkinson's Aquarium to volunteer? _____

3) Your highest year of education completed _____ Major _____

4) Occupation _____

5) Have you ever worked as a volunteer? _____

If yes, where? _____

6) Do you have any experience working with:

_____ Children _____ Senior Citizens
_____ Teenagers _____ Handicapped
_____ Adults

7) Do you enjoy working with people? _____

8) Do you feel comfortable talking to people/ public speaking? _____

9) Do you have any special interests? _____

10) Do you have any special skills or talents? _____

11) What day(s) of the week are you interested in volunteering? _____

12) Are you able to commit 8 hours per month to volunteering? _____

13) Do you have any experience that would relate to this position? _____

REFERENCES:

1) _____

2) _____

3) _____

(Name)

(Phone #)

(Business)

(Yrs. Acquainted)

IN CASE OF EMERGENCY NOTIFY:

(Name) (Address) (Phone #) (Relationship)

I have completed this application for the purpose of being considered for a volunteer position with Jenkinson's Aquarium and attest to the accuracy of the information provided therein.

(Signature) (Date)

Return completed application to:
Volunteer Manager
Jenkinson's Aquarium
300 Ocean Avenue
Point Pleasant Beach, NJ 08742

OR

Fax: 732-899-1717