



## Volunteer and Intern Application

We are grateful for the number of Volunteers and Interns who spend a substantial period of time helping with our office and the organization. Please fill out this application form for us to better understand and get to know you.

### Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

### Educational Background

High school graduation year \_\_\_\_\_ College/ University \_\_\_\_\_

Degree \_\_\_\_\_ Major \_\_\_\_\_

### Questions

1. Are you 18 years or older?

Yes  No

2. Have you ever been convicted of a crime?

Yes  No

3. Do you have any outstanding warrants from NJ or any other State or territory of the USA?

Yes  No

4. Are you a survivor of Domestic violence?

*(Please note that if you answer yes to this question, TCCDC requires an individual to wait a minimum of 12 months after the individual has left the abuse before the individual may volunteer with us.)*

Yes  Date(s) of the abuse: \_\_\_\_\_ No

5. Availability per week during the business hours of 9:30am-5:00pm (but we also may need evenings/ nights?)

Days & Hours

\_\_\_\_\_ (Please sign  
up for a minimum of 5 hours a month.)

6. Please describe any work, volunteer or personal skills you have or would like to utilize.

- 
- 

7. Please describe why you choose Town Clock CDC as a place for volunteering. (Maximum 200 words)

**Name two references**

**Reference number one**

Name \_\_\_\_\_ Relationship to the applicant \_\_\_\_\_

Email \_\_\_\_\_

Telephone Number \_\_\_\_\_

Reference contacted date	
By:	

**Reference number two**

Name \_\_\_\_\_ Relationship to the applicant \_\_\_\_\_

Email \_\_\_\_\_

Telephone Number \_\_\_\_\_

Reference contacted date	
By:	

**In case of emergency, person you would like us to contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternative phone \_\_\_\_\_

**Are there any medical conditions that TCCDC ought to be aware of? Please**

describe: \_\_\_\_\_



## Rules and Regulations of Town Clock CDC

\_\_\_\_\_ Taking photographs or videos of the tenants or the interior of any apartments are not permitted.

\_\_\_\_\_ Divulgence of the tenants' names outside the Town Clock offices is strictly prohibited.

\_\_\_\_\_ Volunteers/interns must sign and adhere to a strict confidentiality agreement.

\_\_\_\_\_ Volunteers and Interns are required to attend a minimum of two hours of Domestic Violence training provided by the Case Manager. Those who will have direct tenant contact may be required to attend 40-hour training required for victim counselor privilege.

\_\_\_\_\_ Intern/volunteer will not receive any wages or fringe benefits, including insurance, from TCCDC associated with the internship/volunteer work. Intern/volunteer may be reimbursed, however, for agreed-upon expenses at the discretion of his/her TCCDC supervisor.

\_\_\_\_\_ This internship/volunteer work may be terminated by TCCDC or the Intern/volunteer for any reason upon giving written notice. Unless terminated prematurely, this internship/volunteer work is expected to begin and end approximately on the following

Dates: [mm/dd/year – mm/dd/year] \_\_\_\_\_

Intern/volunteer will be primarily supervised by \_\_\_\_\_

### Signature

\_\_\_\_\_  
Volunteer / Intern

\_\_\_\_\_  
Date

### For Internal Process

Item Signature	Date
Executive Director	
Case Manager	
Background check	
Two hour training	