

Borough of Seaside Park, NJ

Name	
Street Address	
City State Zip Code	
Home/Cell Phone No.	
Work Phone No.	
E-Mail Address	

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City Street Zip Code	
Home/Cell Phone No.	
Work Phone No.	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

I assume responsibility for my participation in activities of the Borough of Seaside Park's Volunteer Program. I assume all risks and hazards of such participation and hereby waive, release, absolve, indemnify, and agree to hold harmless the Borough of Seaside Park, its officials, employees and volunteers from claims for my injury and/or illness arising from participation in the Program. I understand that all medical insurance is my responsibility and that the Borough's Workers' Compensation Insurance affords no coverage for my injury and/or illness.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of the Borough of Seaside Park to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.