

PALISADES INTERSTATE PARK COMMISSION

P.O. Box 155 • Alpine, New Jersey 07620

Tel. 201 768-1360 • Fax 201 767-3842

njpalisades.org

VOLUNTEER APPLICATION

PLEASE PRINT—FILL OUT BOTH SIDES OF THIS APPLICATION—SIGN AT BOTTOM OF PAGE 2

NAME: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

DATE OF BIRTH: _____

Please use this space to describe any medical conditions, special needs, restrictions, etc., of which we should be aware (if none, please write "none"):

Emergency Contact Information:

NAME: _____

RELATION TO APPLICANT: _____

TELEPHONE (daytime or cell): _____

If you are a minor (under 18 years of age), your parent or guardian must complete this section:

PRINT NAME (parent or guardian): _____

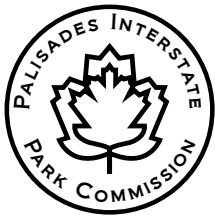
RELATION TO MINOR APPLICANT: _____

TELEPHONE: _____

I hereby grant permission for [minor's name:] _____ to work as a volunteer in the Palisades Interstate Park in New Jersey, in the position(s) shown on this form. All medical conditions, special needs, restrictions, etc. for this minor have been described in the space provided above.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

(OVER)



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- Periodically we have a major trail or grounds project that requires a number of participants (for example, a major erosion control project on one of our hiking trails or a large-scale shore-line cleanup). If you are in good physical condition and interested in this type of outdoor work, please check this box and we'll let you know when such projects are scheduled.

- If you have a specific interest in some aspect of our park operation (for example, working as a docent at one of our historic sites), please use the space below to describe the type of work you'd like to do, when you are available, and any special skills or training you are able to bring to this work:

Community Service Volunteers: Please complete this section.

Note: The community service opportunities we offer typically involve outdoor work in rugged conditions.

School or Organization: _____

Name and phone number of contact person at school or organization:

Beginning date of service: _____ Ending date: _____

Number of hours required: _____

ALL APPLICANTS PLEASE SIGN BELOW:

SIGNATURE: _____ DATE: _____