

**VOLUNTEER GUARDIANSHIP ONE-ON-ONE, INC.**  
Volunteer Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: Day \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

How long have you lived in this municipality? \_\_\_\_ In this county? \_\_\_\_ In this state? \_\_\_\_

Prior Residence (if more than 5 years ago): \_\_\_\_\_

\_\_\_\_\_

Social Security Number \_\_\_\_\_

Position desired: Guardian \_\_\_\_ Clerical \_\_\_\_ Fundraising \_\_\_\_ Other (please specify) \_\_\_\_\_

\_\_\_\_\_

What interests you about the volunteer position you have designated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate any current or former volunteer or life experiences you believe are relevant to your interests in this volunteer position: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently employed? Yes \_\_\_\_ No \_\_\_\_ Full-Time \_\_\_\_ Part Time \_\_\_\_

Please state your primary occupation/profession: \_\_\_\_\_

\_\_\_\_\_

Please describe your employment history: (Resume may be attached in lieu of specific answers)

Name of Employer	Position held	Dates of employment

Please check the highest educational level completed:

High School: \_\_\_ Some college or technical training: \_\_\_ College: \_\_\_ Advanced degree: \_\_\_

List any education or course(s) you have taken that you believe relate to this volunteer position:

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Please list three references (non-relatives), who we can contact to learn more about you:

Name	Relationship to you	Phone number

Do you have your own vehicle? \_\_\_\_\_

Volunteers are asked and expected to make a minimum of one year commitment to this volunteer position. Barring unexpected emergencies, are you willing and able to commit to the full one-year term of this project? \_\_\_\_\_

Due to the sensitive and fiduciary nature of these positions, our organization will do a criminal background check on qualified applicants. Have you ever been convicted of any crime? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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In addition to English, do you speak another language? \_\_\_ If yes, please specify any other languages you can speak or read: \_\_\_\_\_

How did you learn about this volunteer program? \_\_\_\_\_

Date: \_\_\_\_\_

Please sign: \_\_\_\_\_

Please print your name: \_\_\_\_\_

Kindly return application to:

Volunteer Guardianship One-on-One, Inc.  
188 Route 31  
Flemington, NJ 08822  
ATTN: Director of Volunteers

If you have any questions or concerns about this application, please feel free to contact us at (908) 788-4893 x716 or send us an e-mail note to [executivedirector@voluntreerguardianship.org](mailto:executivedirector@voluntreerguardianship.org)

**Thank you for your interest in our organization!**