



Registered Volunteer Application

Name: _____ Date: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Contact Phone #: _____ Email: _____

Employer(if applicable): _____

Employers Address: _____ County: _____

City: _____ State: _____ Zip: _____

In Case of Emergency Contact: _____ Phone: _____

How did you hear about FAFS: _____

Why would you like to volunteer at FAFS?: _____

Complete this section if you are or were a New Jersey licensed resource parent

What is the status of your home with DCP&P? Open/Closed License Number: _____

Approximately how long have you been a licensed resource parent in New Jersey? _____

Type of Home (check all that apply): _____ Kinship Provider _____ Resource Family _____ Adoptive Home

I provide or have provided care to children with the following characteristics (check all that apply):

- | | |
|--------------------------------------|--|
| ____ Infants (0-2 Years) | ____ Child (ren) with child (ren) |
| ____ Early childhood (3-5 Years) | ____ Sibling group |
| ____ Childhood (6-11 Years) | ____ A child with medical needs |
| ____ Early Adolescents (12-15 Years) | ____ A child with mental health/behavioral needs |
| ____ Late Adolescents (16+ Years) | |

- Please check programs of interest:
- Connecting Families Resource Parent Meetings and Events
 - Heart to Heart Resource Parent Mentoring Program
 - Resource Parent Speakers Bureau

- Skills (Please check all that apply):
- Fundraising
 - Event Planning
 - Graphic Design
 - Writing/Editing
 - Public Speaking
 - Other: _____

Please list any training, expertise or experience in the areas checked off. _____



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Have you volunteered with other organizations? If yes, please list: _____

Please list your availability: Days: Sun Mon Tues Wed Thurs Fri Sat
Times: Morning – Hours: _____ Afternoon – Hours: _____ Evening – Hours: _____

Please indicate the counties you are willing to travel to:

- | | | |
|-------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Atlantic | <input type="checkbox"/> Gloucester | <input type="checkbox"/> Ocean |
| <input type="checkbox"/> Bergen | <input type="checkbox"/> Hudson | <input type="checkbox"/> Passaic |
| <input type="checkbox"/> Burlington | <input type="checkbox"/> Hunterdon | <input type="checkbox"/> Salem |
| <input type="checkbox"/> Camden | <input type="checkbox"/> Mercer | <input type="checkbox"/> Somerset |
| <input type="checkbox"/> Cape May | <input type="checkbox"/> Middlesex | <input type="checkbox"/> Sussex |
| <input type="checkbox"/> Cumberland | <input type="checkbox"/> Monmouth | <input type="checkbox"/> Union |
| <input type="checkbox"/> Essex | <input type="checkbox"/> Morris | <input type="checkbox"/> Warren |

Please list three personal (excluding family) or work related references.

Name: _____ Phone: _____ Type: Personal work
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I authorize Foster and Adoptive Family Service (FAFS) to contact the references listed above. I agree that the information submitted in this application is true and correct to the best of my knowledge. I understand that volunteer applications for the Connecting Families Heart to Heart Mentoring Program will be reviewed and verified by the Department of Children and Families.

Signature: _____ Date: _____

Print Name: _____

Submit completed applications to **Lynn Patmalnee, FAFS, PO Box 518, Monmouth Junction, NJ 08852,**
Fax to 609-520-1515 or e-mail: lpatmalnee@fafsonline.org.