

Position:	
Date Rec'd:	
Response:	
Interview:	
Interviewer:	

**Please return completed application to:**

Superintendent's Office

**AUDUBON PUBLIC SCHOOLS**

350 Edgewood Avenue

Audubon, NJ 08106

856-547-7695

lcrea@audubonschools.org

**VOLUNTEER APPLICATION**

**1. Applicant Information:**

a. Full Name: \_\_\_\_\_  
 (Last) (First) (Middle)

b. Address: \_\_\_\_\_  
 (Street) (City) (State and Zip)

c. Social Security #: \_\_\_\_\_

d. Date of Birth \_\_\_\_\_

d. Contact Information : (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 (Home Phone #) (Cell Phone#)

e. E-Mail Address: \_\_\_\_\_

f. Any Physical Limitations? \_\_\_\_\_

Please select the school/schools that you will be volunteer at:

- Audubon Park Preschool \_\_\_\_\_
- Haviland Avenue School \_\_\_\_\_
- Mansion Avenue School \_\_\_\_\_
- Audubon Jr. /Sr. High School \_\_\_\_\_

What type of volunteer work will you be doing at the school? \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature