

BRIDGEWATER TOWNSHIP VOLUNTEER APPLICATION

APPLICANT INFORMATION

Last Name		First Name		M.I.	
Street Address				Apartment/Unit #	
City		State		ZIP	
Preferred Phone #1		Preferred Phone #2		Email	

EDUCATION AND PROFESSIONAL INFORMATION

Highest Degree		Major		School	
Present Employer			Position		

PRIOR VOLUNTEER EXPERIENCE

Have you ever served as a volunteer, for Bridgewater Township or another municipality? Yes _____ No _____ If yes, please list below

Board or Commission	Year/Term
Board or Commission	Year/Term

Please attach additional pages, if necessary

BOARD AND COMMISSION INTERESTS

- | | |
|---|--|
| <input type="checkbox"/> Planning Board
<input type="checkbox"/> Zoning Board of Adjustment
<input type="checkbox"/> Parks/Recreation Boards
<input type="checkbox"/> Environmental Commission
<input type="checkbox"/> Open Space Advisory Committee
<input type="checkbox"/> Economic Development Committee
<input type="checkbox"/> Health Advisory Board
<input type="checkbox"/> Library Advisory Board | <input type="checkbox"/> Wildlife Management Advisory Oversight Committee
<input type="checkbox"/> Local Assistance Board
<input type="checkbox"/> Shade Tree Board
<input type="checkbox"/> Housing Advisory Board
<input type="checkbox"/> Cable Advisory Board
<input type="checkbox"/> Creative Arts Committee
<input type="checkbox"/> Youth Services Commission/Municipal Alliance for the Prevention of Alcoholism and Drug Abuse |
|---|--|

PROFESSIONAL EXPERIENCE/HOBBIES

- | | | |
|--|---|--|
| <input type="checkbox"/> Arts and Culture
<input type="checkbox"/> Beautification
<input type="checkbox"/> Commercial Development
<input type="checkbox"/> Community Services
<input type="checkbox"/> Computers
<input type="checkbox"/> Crime Prevention
<input type="checkbox"/> Education
<input type="checkbox"/> Energy | <input type="checkbox"/> Environment
<input type="checkbox"/> Finance
<input type="checkbox"/> Fire and Rescue
<input type="checkbox"/> Fund Raising
<input type="checkbox"/> Government
<input type="checkbox"/> Green Initiatives
<input type="checkbox"/> Health Issues
<input type="checkbox"/> Historical | <input type="checkbox"/> Landscaping/Trees
<input type="checkbox"/> Library
<input type="checkbox"/> Open Space Preservation
<input type="checkbox"/> Planning/Zoning
<input type="checkbox"/> Recreation
<input type="checkbox"/> Senior Citizens
<input type="checkbox"/> Traffic
<input type="checkbox"/> Substance Abuse Prevention |
|--|---|--|

MISCELLANEOUS

Please list two references, personal or business:

Name: _____ Association/Relationship: _____ Phone: _____
 Name: _____ Association/Relationship: _____ Phone: _____

Please add any additional information about yourself that might be helpful

Signature		Date	
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Please return this form to: Office of the Mayor, Township of Bridgewater, 100 Commons Way, Bridgewater, NJ 08807
 Feel free to attach a letter offering any information not included here.