

# 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<br><input type="checkbox"/> Zoning Board of Adjustment<br><input type="checkbox"/> Parks/Recreation Boards<br><input type="checkbox"/> Environmental Commission<br><input type="checkbox"/> Open Space Advisory Committee<br><input type="checkbox"/> Economic Development Committee<br><input type="checkbox"/> Health Advisory Board<br><input type="checkbox"/> Library Advisory Board | <input type="checkbox"/> Wildlife Management Advisory Oversight Committee<br><input type="checkbox"/> Local Assistance Board<br><input type="checkbox"/> Shade Tree Board<br><input type="checkbox"/> Housing Advisory Board<br><input type="checkbox"/> Cable Advisory Board<br><input type="checkbox"/> Creative Arts Committee<br><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<br><input type="checkbox"/> Beautification<br><input type="checkbox"/> Commercial Development<br><input type="checkbox"/> Community Services<br><input type="checkbox"/> Computers<br><input type="checkbox"/> Crime Prevention<br><input type="checkbox"/> Education<br><input type="checkbox"/> Energy | <input type="checkbox"/> Environment<br><input type="checkbox"/> Finance<br><input type="checkbox"/> Fire and Rescue<br><input type="checkbox"/> Fund Raising<br><input type="checkbox"/> Government<br><input type="checkbox"/> Green Initiatives<br><input type="checkbox"/> Health Issues<br><input type="checkbox"/> Historical | <input type="checkbox"/> Landscaping/Trees<br><input type="checkbox"/> Library<br><input type="checkbox"/> Open Space Preservation<br><input type="checkbox"/> Planning/Zoning<br><input type="checkbox"/> Recreation<br><input type="checkbox"/> Senior Citizens<br><input type="checkbox"/> Traffic<br><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

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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.