



158 Newark Ave.
Jersey City, NJ 07302
T: (201) 324-1700
F: (201) 324-1788
E: sensorykidsllc@verizon.net

SENSORY KIDS' VOLUNTEER APPLICATION FORM

(Volunteer Position Title)

SECTION I [Basic Information]

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ E-Mail Address: _____

SECTION II [Experience]

Previous Volunteer Experience: _____

Occupation (Past Occupation if retired): _____

Other helpful information that will help us make a good match (such as education hobbies, general interests):

Languages Spoken:



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SECTION III [Availability and Volunteer Assignment Preferences]

Please Circle All That Are Applicable:

Morning Hours: 9:00am-12:00pm
Evening Hours: 4:00pm-8:00pm
Saturday Hours: Half= 9am -12pm Full= 1pm – 4pm

I Am Available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	Morning	Morning	Morning	Morning	Half-Day
Evening	Evening	Evening	Evening	Evening	Full Day

Please Circle All That Are Applicable:

Social Skills Programs

Sensory Development Programs

Handwriting Programs

Art Therapy Groups

Individual OT Sessions

Individual Speech Sessions

SECTION IV [Background and Emergency Information]

Do you have a valid driver’s license? Yes No

License Number: _____ Vehicle License Plate Number: _____

Do you have any physical conditions that may limit your activities?

If Yes, please describe:



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Who should we notify in case of an emergency?

Relationship: _____ Phone Number: _____

SECTION IV [References]

Please list three (3) persons we may call who are NOT family, one of whom may be your religious or spiritual leader, teacher, employer, or relationship other than a personal friend.

Name: _____ Phone: _____

Occupation: _____ Relationship: _____

Name: _____ Phone: _____

Occupation: _____ Relationship: _____

Name: _____ Phone: _____

Occupation: _____ Relationship: _____

Comments:

I hereby give my consent to contact my references; to contact my employers, past and present; and to conduct a background check.

Signature Of Applicant

Date