



Project Self-Sufficiency of Sussex County, Inc.

VOLUNTEER INFORMATION FORM

Today's Date: _____

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Have you volunteered at PSS before? No Yes – When & What?: _____

How many hours are you looking to volunteer: per week _____ per month _____

Are you interested in an on-going volunteer position or one-time events? (List all that apply)

Hours/Days of Availability (Check all that apply, minimum of 4 hours per week):

Monday: 9:00am – 1:00pm 1:00pm – 5:00pm 5:00pm – 9:00pm

Tuesday: 9:00am – 1:00pm 1:00pm – 5:00pm 5:00pm – 9:00pm

Wednesday: 9:00am – 1:00pm 1:00pm – 5:00pm 5:00pm – 9:00pm

Thursday: 9:00am – 1:00pm 1:00pm – 5:00pm 5:00pm – 9:00pm

Friday: 9:00am – 1:00pm 1:00pm – 5:00pm

Saturday: Events – hours are event specific

Notes on Availability:

What are your areas of interest? (Check all that apply)

Clerical Assistance (guest reception, photocopying, filing) – *On-going with orientation required*

Holiday Assistance – *One-time, no orientation required:*

Thanksgiving Baskets

Holiday Toy Shop

Little Sprouts Early Learning Center – *On-going with orientation, fingerprinting and background check required*

Events – *One-time, no orientation required:*

Halloween Spooktacular (October)

Holiday Party (December)

Back to School Fair (August)

Parent Expo (April)

Family Fun Nights Events (Year-Round)

Coordinating Seasonal Community Care Drives:

Thanksgiving Baskets (November)

Seasons of Hope (December)

Coordinating Year-Round Community Care Drives:

Baby Items

Children's Sneakers

Food Pantry

Vehicle Donations

Adult Participant Mentoring – *Orientation and training required:*

Career Mentor

Parenting Mentor

Gardening/Landscaping – *May through October each year*

Other _____

Do you have your own transportation? If no, how do you plan to get to/from the PSS campus?

YES/ NO _____

Do you have any special skills, talents or work experience you feel we should be aware of?

YES/ NO _____

Will you be volunteering as part of a group or as a family? If yes, please list group name or family members (each member must fill out his/her own Volunteer Information Form).

YES/ NO _____

Please provide the name and best contact telephone number for 3 professional references

1. _____

2. _____

3. _____

Please return this completed form to Project Self-Sufficiency at 127 Mill Street, Newton, NJ 07860. Once the form is received and processed, you will be contacted by the Volunteer Coordinator for addition information and to schedule your orientation (if required).