

"Tap the Talent In Bernards"

Bernards Township Volunteer Application Form

Personal Information	Last Name			First Name			MI			
	Home Address				City		State		Zip	
	Home Phone			Work Phone			E-Mail			
	# Years Resident			Availability: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly						
Education & Professional Information	Highest Degree			Major			School			
	Present Employer					Position				
Prior Volunteer Experience	Have you ever served as a volunteer for Bernards Township? <input type="checkbox"/> No <input type="checkbox"/> Yes, if so please list				Other volunteer experience? <input type="checkbox"/> No <input type="checkbox"/> Yes, if so please list					
	Agency		Year/Term		Agency		Year/Term			
Board and Commission Interests	<input type="checkbox"/> Agricultural Advisory		<input type="checkbox"/> Flood Mitigation/LEPC		<input type="checkbox"/> Seniors Advisory Board					
	<input type="checkbox"/> Board of Health		<input type="checkbox"/> Golf Utility		<input type="checkbox"/> Special Task Force					
<input type="checkbox"/> Deer Management Advisory		<input type="checkbox"/> Library Board		<input type="checkbox"/> Shade Tree Commission						
<input type="checkbox"/> Environmental Comm.		<input type="checkbox"/> Municipal Alliance		<input type="checkbox"/> Youth Services Comm.						
<input type="checkbox"/> Fire Department		<input type="checkbox"/> Rec, Parks & Pathways Comm.		<input type="checkbox"/> Zoning Board of Adjustment						
<input type="checkbox"/> First Aid Squad		<input type="checkbox"/> Planning Board		<input type="checkbox"/> Other _____						
<input type="checkbox"/> Fire Safety Forum		<input type="checkbox"/> Pool Commission								
<input type="checkbox"/> Fire or First Aid Administrative		<input type="checkbox"/> Sewerage Authority								
Professional Experience & Personal Interests	Mark your areas of expertise or interest: (E-Experience; I-Interest)									
	E I			E I			E I			
	<input type="checkbox"/> <input type="checkbox"/> Arts & Culture			<input type="checkbox"/> <input type="checkbox"/> Government			<input type="checkbox"/> <input type="checkbox"/> Leisure Learning			
	<input type="checkbox"/> <input type="checkbox"/> Beautification			<input type="checkbox"/> <input type="checkbox"/> Finance			<input type="checkbox"/> <input type="checkbox"/> Open Space Preservation			
	<input type="checkbox"/> <input type="checkbox"/> Community Development			<input type="checkbox"/> <input type="checkbox"/> Fire & Rescue, First Aid			<input type="checkbox"/> <input type="checkbox"/> Planning & Zoning			
	<input type="checkbox"/> <input type="checkbox"/> Community Services			<input type="checkbox"/> <input type="checkbox"/> Fund Raising			<input type="checkbox"/> <input type="checkbox"/> Recreation & Pool			
	<input type="checkbox"/> <input type="checkbox"/> Computers			<input type="checkbox"/> <input type="checkbox"/> Health Issues			<input type="checkbox"/> <input type="checkbox"/> Quality Management			
	<input type="checkbox"/> <input type="checkbox"/> Crime Prevention			<input type="checkbox"/> <input type="checkbox"/> Historical			<input type="checkbox"/> <input type="checkbox"/> Senior Citizens			
	<input type="checkbox"/> <input type="checkbox"/> Education			<input type="checkbox"/> <input type="checkbox"/> Landscaping & Trees			<input type="checkbox"/> <input type="checkbox"/> Traffic			
<input type="checkbox"/> <input type="checkbox"/> Environment			<input type="checkbox"/> <input type="checkbox"/> Library							
Additional Information	Please add any information you feel would be helpful						PLEASE RETURN TO: Municipal Clerk 1 Collyer Lane Basking Ridge, NJ 07920 or e-mail to: townshipcommittee@bernards.org			
	(Use the back of this page or attach additional sheets if necessary)									

Signature: _____ Date: _____