

Position:	
Date Rec'd:	
Response:	
Interview:	
Interviewer:	

Please return completed application to:

Superintendent's Office

AUDUBON PUBLIC SCHOOLS

350 Edgewood Avenue

Audubon, NJ 08106

856-547-7695

lcrea@audubonschools.org

VOLUNTEER APPLICATION

1. Applicant Information:

a. Full Name: _____
 (Last) (First) (Middle)

b. Address: _____
 (Street) (City) (State and Zip)

c. Social Security #: _____

d. Date of Birth _____

d. Contact Information : (_____) _____ (_____) _____
 (Home Phone #) (Cell Phone#)

e. E-Mail Address: _____

f. Any Physical Limitations? _____

Please select the school/schools that you will be volunteer at:

- Haviland Avenue _____
- Mansion Avenue _____
- Audubon Jr. /Sr. HS _____

What type of volunteer work will you be doing at the school? _____

Date

Applicant's Signature