



PO Box 80  
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## VOLUNTEER APPLICATION

NAME \_\_\_\_\_

AGE \_\_\_\_\_ SEX: MALE \_\_\_ FEMALE \_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_ Can you be contacted at work? YES \_\_\_ NO \_\_\_

E-MAIL ADDRESS \_\_\_\_\_

### BACKGROUND INFORMATION

GROUP AFFILIATION(S) (Congregation, Community Groups) \_\_\_\_\_

*Please Attach Resume if Available*

YEARS OF EDUCATION \_\_\_\_\_ CURRENT/LAST SCHOOL ATTENDED \_\_\_\_\_

FOREIGN LANGUAGE FLUENCY: \_\_\_\_\_

CURRENT OCCUPATION: \_\_\_\_\_

IF YOU HAVE ANY PRIOR VOLUNTEERING EXPERIENCE, PLEASE DESCRIBE BELOW:

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WHY ARE YOU INTERESTED IN VOLUNTEERING FOR LALDEF:

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WHEN WOULD YOU AVAILABLE TO VOLUNTEER (DAYS/TIMES):

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