



350th Anniversary Volunteer Interest Form



Send Completed Form to:

Department of Administration

455 Hoes Lane

Piscataway, NJ 08854

Tel. [732-562-2310]

Email [public.info@piscatawaynj.org]

Volunteer Information:

Name: _____ Date _____

Address: _____ City _____ State _____ Zip _____

Home Telephone: _____ Work Telephone: _____ Cell: _____

Email Address: _____ Date of Birth (optional): _____

Occupation: _____ Employer: _____

Emergency Contact Name & Number (required): _____

Volunteer Interests (Briefly Outline Your Ideas - Please Print):

Please note all ideas are welcomed and will be considered. To ensure all Public Purchasing Laws are adhered to, there shall be no commitments made on behalf of Piscataway Township. All contracts and/or agreements must be presented directly to the 350th Anniversary Committee. All final decisions will be made by the 350th Anniversary Executive Committee.

Availability:

Days & Times (check all that apply): Weekends Weekdays Mornings Afternoons Evenings

Is there a time of year that is better for you? Anytime! Spring Summer Fall Winter

Skills & Knowledge (Check all that apply):

Office and other skills/knowledge

- | | |
|---|---|
| <input type="checkbox"/> Microsoft WORD | <input type="checkbox"/> Microsoft Excel |
| <input type="checkbox"/> Microsoft Access | <input type="checkbox"/> Desktop Publishing |
| <input type="checkbox"/> Photoshop | <input type="checkbox"/> Database Design |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Volunteer Coordination |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Grant writing |
| <input type="checkbox"/> Art/Illustration | <input type="checkbox"/> GPS or Map & Compass |

List relevant certifications (First Aid/CPR, WFA/WFR, VT Pesticide Applicator, etc):

Please share any other skills or knowledge in addition to any mentioned above that you have that's relevant to this project.