



VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (Cell) _____

E-mail: _____ Date of Birth: _____

I am applying to volunteer in the following capacity [Please indicate specific area(s)]:

- **Special Events/Fundraising**
 - *Includes but is not limited to Sundaes on Sunday (Summer), Annual Appeal and Invitation mailings, and other events*
- **Assisting with program materials and other projects**
 - *Supplementing in-office administrative work (i.e copying, creating packets, etc.)*
 - *Helping prepare craft materials for Alcove bereavement group activities*
- **Office Support**
 - *Data-entry, computer skills, phone management, etc.*

Please give volunteer availability (Preferred day and number of hours):

Please list the names and phone numbers of 2 references, not related to you.

1. _____

2. _____

Please list any volunteer/professional experience that you feel may be a contribution to The Alcove:

Emergency Contact Information:

In case of emergency contact name: _____

Contact's Phone #: _____

Choice of Hospital in an emergency: _____

Any medical concerns/history which we should be aware of? _____

Please tell us how you heard about The Alcove: _____

Please mail, email or fax your application to

The Alcove Center for Grieving Children & Families

376 Tilton Rd.- Rear

Northfield, NJ 08225

Fax: 609-484-3188

kelly@thealcove.org