



# VOLUNTEER/INTERN APPLICATION

City of Englewood  
2-10 N. Van Brunt Street  
Englewood, NJ 07631

E-mail: \_\_\_\_\_  
School: \_\_\_\_\_  
Grade/Age: \_\_\_\_\_ / \_\_\_\_\_

Today's Date: \_\_\_\_\_

## PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street address: \_\_\_\_\_ City/State/ZIP Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

## EMERGENCY CONTACT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street address: \_\_\_\_\_ City/State/ZIP Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

## REFERENCES

**Do not give relatives as references**

Name	Address	Telephone	Business or Occupation	Relationship
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Give name of any relative(s) working for the City of Englewood \_\_\_\_\_ In what department do they work? \_\_\_\_\_

I hereby certify that the information provided by me in this application is true to the best of my knowledge. I understand that I can be discharged by the City of Englewood at any time for any reason. I agree to abide by the City's dress code (no shorts, denim or sneakers) and to abide by any other instruction provided by me by the City during the course of my internship.

I further certify that I am \_\_\_\_\_ years old on this date.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date