

COMMUNITY VOLUNTEER FORM

Date: _____

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Occupation/Professional Experience: _____

Volunteer Experience: _____

Please indicate below any specific areas of interest or expertise: _____

Please check off your area(s) of interest:

<input type="checkbox"/>	Ambulance Corps
<input type="checkbox"/>	CERT Team
<input type="checkbox"/>	Environmental Advisory Committee
<input type="checkbox"/>	Fire Department
<input type="checkbox"/>	Health, Board of
<input type="checkbox"/>	Historic Preservation Commission
<input type="checkbox"/>	Library Board of Trustees
<input type="checkbox"/>	Local Assistance Board
<input type="checkbox"/>	Parking Authority
<input type="checkbox"/>	Planning Board
<input type="checkbox"/>	Police Reserves
<input type="checkbox"/>	Recreation Advisory Board
<input type="checkbox"/>	Senior Citizen Advisory Committee
<input type="checkbox"/>	Shade Tree Advisory Committee
<input type="checkbox"/>	Stigma Free Committee
<input type="checkbox"/>	Teen Night Program
<input type="checkbox"/>	Zoning Board of Adjustment

Please return this form to:

Volunteers for Westwood
Office of the Borough Clerk
Westwood Borough Hall
101 Washington Ave.
Westwood, N.J. 07675