

BOROUGH OF WESTVILLE VOLUNTEER APPLICATION FORM

Date:	Date Received by Borough
Last Name	First Name
Address	
Home Phone	Work Phone
E-mail	Other Phone

Personal & Family Information

Spouse's Name:	Phone #:
How long have you resided in Westville?	

Availability: Day Evening Weekly Monthly (Circle availability)

Children's Names:	Age:	List participation in sports/projects, clubs, etc.:

Education & Profession:	Highest Degree:
Major:	School:
Present Employer:	Position:

Have you ever served as a volunteer for Westville, or a prior town? [If yes, please list.]

Other volunteer experience? [If yes, please list agency & Year & Term.]

Board & Commission Interests: [Please circle.] Land Use, Board of Health, Environmental Commission, Library Trustee, Downtown Preservation, Community Dispute Board, Municipal Alliance, Shade Tree, Senior Services, Parks & Recreation, Special Events

Mark your area of expertise or interest: "E" for Experience & "I" for Interest.

Arts & Culture	Government	Beautification	Finance
Community Development	Fund-raising	Recreation & Pool	Planning/Zoning
Community Services	Fire & Rescue	Health Issues	Computers
Education	Crime Prevention	Environment	Library
Landscaping/Trees	Historical	Quality Mgmt.	Senior Citizens

Please add any information you feel would be helpful. Please use the back of this form.

Please return this form to: Municipal Clerk, 165 Broadway, Westville, NJ 08093 or fax: 856-742-8190