



# Borough of Westville VOLUNTEER APPLICATION FORM

Borough of Westville  
165 Broadway  
Westville, NJ 08093  
Telephone: 856-456-0030, ext. 113  
Fax: 856-742-8190  
Website: westville-nj.com

## A. PERSONAL INFORMATION

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ NJ \_\_\_\_\_  
Street City Zip  
PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

## B. EMERGENCY CONTACT

NAME \_\_\_\_\_ RELATIONSHIP TO VOLUNTEER \_\_\_\_\_  
PHONE \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

## C. I HEREBY APPLY TO PERFORM PUBLIC SERVICE ON THE BOARDS AND COMMISSIONS CHECKED BELOW:

- LAND USE BOARD       ENVIRONMENTAL COMMISSION       BOARD OF HEALTH       TOWN WATCH  
 LIBRARY TRUSTEE       MUNICIPAL ALLIANCE       CELEBRATIONS COMMITTEE

## D. EDUCATION/EXPERIENCE

PLEASE LIST ANY EDUCATION, PRIOR VOLUNTEER EXPERIENCE, WORK-RELATED EXPERIENCE AND /OR OTHER CIVIC INVOLVEMENT WHICH COULD BE OF USE TO BEING A VOLUNTEER ON THE BOARDS/COMMISSIONS LISTED BELOW:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE BRIEFLY EXPLAIN YOUR INTEREST IN A MUNICIPAL BOARD AND DEFINE YOUR COMMITMENT TO PUBLIC SERVICE

\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

*I understand my personal information is considered confidential and same is restricted from public disclosure under the Open Public Records Act.*

**Please return the form to the Clerk's office**

*Email*  
[kcarroll@westville-nj.com](mailto:kcarroll@westville-nj.com)

*Standard Mail*  
165 Broadway  
Westville, NJ 08093

*Drop Box*  
(in front of  
Municipal Building)

*Fax*  
856-742-8190

Questions – call the Clerk's office at 856-456-0030, ext. 113