



# Group/Special Event Volunteer Application

## Monmouth County Park System

805 Newman Springs Rd., Lincroft, NJ 07738-1695

(732) 842-4000

info@monmouthcountyparks.com

PLEASE PRINT

Group or School Name and Grade \_\_\_\_\_

Name \_\_\_\_\_  
*Last First Middle Initial*

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

List volunteer work interests \_\_\_\_\_

\_\_\_\_\_

Park or Activity interest \_\_\_\_\_

_____
Day Phone No.
_____
Evening Phone No.
_____
Email
_____
Date of Birth
_____

Circle day(s) available and show hours

Day:	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Hours:	_____						

Do you have any types of physical or mental disabilities that would prevent you, without reasonable accommodation, from performing the duties of the volunteer position for which you are applying? \_\_\_Yes \_\_\_No

If reasonable accommodation is necessary, please describe what steps would have to be taken \_\_\_\_\_

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

I HEREBY AUTHORIZE the release of the information listed herein concerning me to the Monmouth County Park System and absolve the Park System from liability for use of same. I HEREBY DECLARE the information provided by me to be true, correct and complete. I do this willingly, knowingly and as a voluntary act.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18 years of age, signature of parent or guardian

\_\_\_\_\_