



Joseph N. DiVincenzo, Jr.  
Essex County Executive

Essex County Environmental Center  
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Daniel K. Salvante  
Director

**Essex County Environmental Center  
VOLUNTEER APPLICATION**

*Volunteers must be 16 or older.  
Volunteers under 18 must have a parent or guardian signature.  
Please write clearly.*

**Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Mailing Address: (Street, City, State, Zip)** \_\_\_\_\_  
\_\_\_\_\_

**Home Address: (If different)** \_\_\_\_\_  
\_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Medical Information:**

- Medications or medical conditions of note: \_\_\_\_\_  
\_\_\_\_\_

**Do you have any limitations or allergies that might prevent you from working at the Essex County Environmental Center or participating in any activities? Please explain.**

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

**Emergency contacts:** Please provide a name and two phone numbers for each person that we can contact on your behalf in case of emergency.

- Contact #1: \_\_\_\_\_
- Contact #2: \_\_\_\_\_

In case of emergency I allow the Staff of the Essex County Environmental Center to contact the above-mentioned people as well as 911 or appropriate authorities.

*"Putting Essex County First"*

**Background Information:**

In the past 7 years, have you ever been convicted of a crime (misdemeanor or felony), other than a minor traffic violation? **YES / NO**

(A conviction includes a plea, verdict or finding of guilt regardless of whether sentence was imposed by the court).

- Charge:
- Date of Conviction:
- Place of Conviction:
- Sentence:

*Please Note: Disclosure of a criminal record will not necessarily disqualify you from volunteering for the Environmental Center. However, failure to disclose such information may result in disqualification of your application or termination of your volunteer service.*

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please Note: This must be signed by a parent/guardian if the applicant is under 18*

**Interests:**

Areas of Interest	Please ✓	Comments
Artistic/Graphic Ability		
Nature Camp Assistant		
Special Events		
Office Assistant		
Outdoor Work Projects		
Paddle Trips		
Gardening		
Animal Care		

Special Skills	When/Where Certified

Add any special interests not listed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Availability:**

Volunteer days	✓	AM 9-12	PM 1-5	EVE 6-9pm
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

**Education/Training:**

	Grade	School Name
Elementary School		
High School or GED		
Bachelor's Degree		
Associate's Degree		
Master's Degree		

**Have you volunteered before?**


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**Please explain why you are interested in volunteering at the environmental center.**


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**Does this volunteer opportunity fulfill an educational or civic requirement? YES/NO**

*If yes, how many hours are requires? \_\_\_\_\_*

***If yes, please check one or more of the following:***

Community Service Hours     High School Service Project     College Internship

Other \_\_\_\_\_

**Authorization to Release Information:**

I certify to the best of my knowledge, all of the above information I have provided to the Essex County Environmental Center is true and complete. I understand that any misrepresentation, falsification, or willful omission may result in a refusal of volunteer service or dismissal from volunteer service.

I understand that a routine inquiry may be made during the processing of this information that will provide or confirm information concerning my character, general reputation, medical/physical condition, education, training and qualifications.

As a condition of volunteering at the Essex County Environmental Center, I hereby authorize the release of the above information whether such information is of record or not.

I release all individuals, employers, agencies, firms, organizations, educational institutions, medical institutions and law enforcement authorities from any liabilities resulting from providing such information.

Print applicant name: \_\_\_\_\_

Applicant signature: \_\_\_\_\_

Print parent/guardian name: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

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



**County of Essex  
Essex County Environmental Center  
WARNING, WAIVER, AND RELEASE OF LIABILITY**

**Volunteer's Name:** \_\_\_\_\_

In consideration of being given permission to participate in the Essex County Environmental Center Volunteer Program

I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me, against the County of Essex or the Essex County Environmental Center as a result of my participation in the above listed Event. I realize that accidents and injuries can arise out of the Event, and accordingly, this release is intended to discharge the County, its trustees, officers, employees, commission members, and volunteers, and any public agencies from and against any and all liability arising out of or connected in any way with my participation in the Event. This waiver and release is binding upon my heirs and assigns.

I acknowledge that I have been fully informed of the risks and dangers involved in this activity. I acknowledge that I have read, agree, and fully understand the above Warning, Waiver, and Release of Liability. I further acknowledge and agree that the reasons for my being requested to sign this Release have been fully explained to me and I understand them. If any provision, including any exception, part, phrase, or term, or the application thereof to any person or circumstance is held invalid, the application to other persons or circumstances shall not be affected thereby and the validity of this waiver in any and all other respects shall not be affected thereby.

I am signing this instrument of my own free will and I have not been influenced or coerced by any representative or employee of the County of Essex or the Essex County Environmental Center:

**PARENT/GUARDIAN SIGNATURE**

**DATE**

\_\_\_\_\_