



VOLUNTEER/INTERN APPLICATION

City of Englewood
2-10 N. Van Brunt Street
Englewood, NJ 07631

Today's Date:

PERSONAL INFORMATION

Last Name:		First:	Middle Initial:
Street address:	Date of Birth:	Home Phone:	
City:	State:	ZIP Code:	

PARENT/GUARDIAN INFORMATION

First Name:	Last Name:	Relationship:
Street address:	City/State/ZIP Code:	Telephone #:
Email Address:		

EMERGENCY CONTACT

First Name:	Last Name:	Relationship:
Street address:	City/State/ZIP Code:	Telephone #:

REFERENCES

Do not give relatives as references

Name	Address	Telephone	Business or Occupation	Relationship

Give name of any relative(s) working for the City of Englewood In what department do they work?

I hereby certify that the information provided by me in this application is true to the best of my knowledge. I understand that I can be discharged by the City of Englewood at any time for any reason. I agree to abide by the City's dress code (no shorts, denim or sneakers) and to abide by any other instruction provided by me by the City during the course of my internship.

I further certify that I am _____ years old on this date.

Signature of Applicant

Date of Application

Signature of Parent/Guardian

Date