

Shadow Buddy Volunteer Application

Volunteer Information

First Name	
Last Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Age	
Street Address	
City State ZIP Code	
Home Phone	
E-Mail Address	
School Attending	

Availability

During which hours are you available for volunteer assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

Previous Volunteer Experience

If you have done volunteer work before, please list below and specify if you have worked with children with disabilities:

--

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

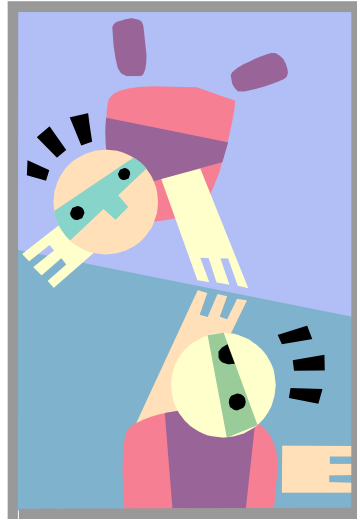
--

Person to Notify in Case of Emergency

Name	
Relationship to Volunteer	
Home Phone	
Work Phone	
Cell Phone	

Thank you for your interest in volunteering with the West Windsor Recreation Department. Please e-mail this completed application to jward@westwindsortwp.com, or return to the West Windsor Recreation Department, 271 Clarksville Road, West Windsor, NJ 08550. Questions? Contact Jean Ward at 609-799-6141, ext. 300.

WANTED: ***Shadow Buddies***



**Looking for special people...
interested in helping special kids.**

The *Shadow Buddies* program pairs
volunteers (ages 13-up) with special needs children
during recreational activities.

We are seeking individuals who are patient and kind,
and are interested in improving the lives of others.
No special skills are required.

Complete and return the application on the reverse side
to become a Shadow Buddy today!

Teens can earn community service credits!

**For more information, contact the West Windsor Recreation Office at
609-799-6141**