



# PARENTS ANONYMOUS<sup>®</sup> OF NEW JERSEY, INC. APPLICATION FOR VOLUNTEER SERVICE

ALL INFORMATION WILL BE KEPT CONFIDENTIAL  
(PLEASE PRINT)

Name:	Email:	
Home Address:	City, State and Zip	
Daytime Phone #: (     )	Evening Phone #: (     )	Date of Birth: /   /

Indicate your area of interest:

- |                                                     |                                                |                                                       |
|-----------------------------------------------------|------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Stressline Volunteer       | <input type="checkbox"/> Group Facilitator     | <input type="checkbox"/> HOPES Group Facilitator      |
| <input type="checkbox"/> Student Internship Program | <input type="checkbox"/> Parent Leader         | <input type="checkbox"/> Child Care Volunteer         |
| <input type="checkbox"/> Office Volunteer           | <input type="checkbox"/> Father Time Volunteer | <input type="checkbox"/> Display & Outreach Volunteer |

- Number of Children (if any): \_\_\_\_\_ Ages: \_\_\_\_\_
- In Case of Emergency, notify (Name, phone number, relationship): \_\_\_\_\_  
\_\_\_\_\_
- Highest Level of Education Attained: \_\_\_\_\_
- Other Training(s): \_\_\_\_\_
- Skills, Interests, Hobbies: \_\_\_\_\_
- Foreign Languages: Speak \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_
- Group Affiliations: \_\_\_\_\_
- Previous Volunteer Experience: \_\_\_\_\_
- Any Physical Limitations? \_\_\_\_\_
- Have you ever been convicted of a crime?  Yes  No *If Yes, Please Explain:* \_\_\_\_\_  
\_\_\_\_\_
- Where did you learn about Parents Anonymous? \_\_\_\_\_

**This section is designed to help clarify your attitudes toward parents with anger and control problems, and your expectations concerning your involvement in Parents Anonymous. Your attitudes and expectations will influence your attitude toward your experience here.**

12. Do you have a history of child abuse, neglect, or trauma?  Yes  No

13. I would like the following issues addressed during training: \_\_\_\_\_

\_\_\_\_\_

14. As a Parents Anonymous volunteer, I may experience the following difficulties: \_\_\_\_\_

\_\_\_\_\_

REFERENCES: Please provide us with the name, address and phone number of three people we can contact as references. NO RELATIVES, PLEASE.

Name	Address	City, State, Zip	Daytime Phone # Email Address

*As a Volunteer for Parents Anonymous of New Jersey, I Pledge to:*

1. Attend orientation and at least one quarterly meeting each year.
2. Be available for telephone contact with Parents Anonymous of New Jersey, Inc. group members and other public and/or professional individuals as needed.
3. Make a minimum of a one-year commitment to the Parents Anonymous group.
4. Give Parents Anonymous of New Jersey, Inc. at least one month's notice if she/he will be unable to continue volunteering.
5. All Volunteers are subject to a background check.

\_\_\_\_\_  
*Your Signature*

\_\_\_\_\_  
*Date*

**Return application to:**      **Laurie A. Nicolai-Komjati, Volunteer Coordinator**  
**Parents Anonymous of New Jersey, Inc.**  
**127 Route 206 S, Suite 10**  
**Trenton, NJ 08610**  
**609-585-7666 (phone)**  
**609-585-7686 (fax)**