



**Township of Little Egg Harbor
665 Radio Road
Little Egg Harbor, NJ 08087**

Application for Volunteer

	DATE: _____		
NAME:	_____		
	LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS:	_____		
	STREET		

	CITY	STATE	ZIP CODE
PHONE #:	(____) _____		

Volunteer's Signature: _____ **Date:** _____

Check box if you are under the age of 18 years old

***If you are under the age of 18 years old, the Township request for parental/guardian consent for you to be a volunteer.**

Parent/Guardian Name: _____

Signature: _____

Relation to Volunteer: _____