



902 Jacksonville Road, Burlington, NJ 08016-3896 • (609) 239-3900 • NJMasonicVillage.org

**APPLICATION - JUNIOR VOLUNTEER PROGRAM**

**DATE:** \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parents Daytime Phone \_\_\_\_\_

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Why do you want to be a volunteer at the Masonic Village? \_\_\_\_\_  
\_\_\_\_\_

Skills/interests you would like to share \_\_\_\_\_  
\_\_\_\_\_

Do you have relatives or friends who are residents, employees or volunteers at the Village? If yes, please list \_\_\_\_\_

Community affiliations (church, school clubs, etc.) \_\_\_\_\_  
\_\_\_\_\_

Volunteer experience \_\_\_\_\_

Will you be available: \_\_\_ Summer Only \_\_\_ Weekends \_\_\_ All Year

Days available: \_\_\_ Sunday \_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday  
\_\_\_ Friday \_\_\_ Saturday

Check the times you are available: \_\_\_ Morning \_\_\_ Afternoon

**IN CASE OF EMERGENCY, PLEASE CONTACT:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**MASONIC VILLAGE AT BURLINGTON  
902 JACKSONVILLE ROAD  
BURLINGTON, NEW JERSEY 08016  
(609) 239-3961**

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**VOLUNTEER SERVICES DEPARTMENT**  
**INFORMATION FORM**

Name: \_\_\_\_\_ Birthday (Optional) \_\_\_\_\_

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Do you take any medication?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, please list \_\_\_\_\_

Are you allergic to any medication?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, please list \_\_\_\_\_

List any physical limitations on the type of service you can perform (no wheelchair pushing, etc.)

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