

Palisades Interstate Park—New Jersey Section

Box 155, Alpine, New Jersey 07620

Voice: 201 768-1360 ext. 107

Fax: 201 767-3842

VOLUNTEER APPLICATION

PLEASE PRINT—FILL OUT BOTH SIDES OF THIS APPLICATION—SIGN AT BOTTOM OF PAGE 2

NAME _____

ADDRESS _____

TELEPHONE (daytime or cell, include area code): _____

EMAIL: _____

DATE OF BIRTH: _____

Please use this space to describe any medical conditions, special needs, restrictions, etc., of which we should be aware (*if none, please write "none"*).

Emergency Contact Information:

NAME: _____

RELATION TO APPLICANT: _____

TELEPHONE (daytime or cell, include area code): _____

If you are a minor (under 18 years of age), your parent or guardian must fill out this section:

PRINT NAME (parent or guardian): _____

RELATION TO MINOR APPLICANT: _____

TELEPHONE (daytime or cell, include area code): _____

*I hereby grant permission for (print minor's name) _____
to work as a volunteer in the NJ Section of the Palisades Interstate Park, in the position(s) shown on this
form. All medical conditions, special needs, restrictions, etc. for this minor have been described in the
space provided above.*

**PARENT/GUARDIAN
SIGNATURE** _____

DATE _____

- Periodically we have a major trail or grounds project that requires a number of participants (for example, a major erosion control project on one of our hiking trails or a large-scale shoreline cleanup). If you are in good physical condition and interested in this type of outdoor work, check this box and we'll let you know when such projects are scheduled.

If you have a specific interest in some aspect of our Park operation (for example, working as a docent at one of our historic sites), please use the space below to describe the type of work you'd like to do, when you are available, and any special skills or training you are able to bring to this work:



Community Service Volunteers: Please fill out this section.

(Note: The community service opportunities we offer involve outdoor work in rugged conditions.)

School or Organization: _____

Name and phone number of contact person at school or organization:

Beginning date of service: _____ Ending date: _____

Number of hours required: _____



ALL APPLICANTS PLEASE SIGN BELOW:

SIGNATURE _____

DATE _____