

**HUNTERDON COUNTY  
VOLUNTEER REGISTRATION AND SCREENING**

*(Please Print)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security Number (*optional*): \_\_\_\_\_

Driver's license number: \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

PROGRAMS:  Mr. Fixit \_\_\_\_\_

I hereby authorize the County of Hunterdon to conduct a background check relevant to my volunteer service which may include criminal history and/or motor vehicle records. I understand my acceptance for participation and continued participation will be dependent upon the results.

\_\_\_\_\_  
*Volunteer Signature*

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



**FOR PUBLIC SAFETY USE ONLY**

Approved:  Denied:  Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Program(s):  Mr. Fixit

**COUNTY OF HUNTERDON NEW JERSEY**  
**DEPARTMENT OF HUMAN SERVICES**  
**DIVISION OF SENIOR, DISABILITY, & VETERANS SERVICES**

**MR. FIX IT VOLUNTEER APPLICATION**

**Sabrina Baarda**  
**Program Coordinator**  
908-788-1358 phone  
908-237-0285 fax



**Office Use Only:**  
Received \_\_\_\_\_  
References Check \_\_\_\_\_  
Background Check \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

You Are Currently:

Employed Full Time \_\_\_    Employed Part Time \_\_\_    Retired \_\_\_    Not Working \_\_\_

Profession/Work Experience (as it relates to Mr. Fix It): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Geographic Preferences (list areas you would be willing to travel): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Types of Jobs (circle all you are comfortable with):

Plumbing                  Electric                  Carpentry                  Small Appliances                  Chores

Hunterdon County will reimburse volunteers for their mileage, once they exceed 50 miles. The checks are distributed every 6 months. Would you be interested in receiving mileage reimbursement?    \_\_\_ Yes, I want to receive mileage reimbursement

                                 \_\_\_ No, I'm not interested in receiving mileage reimbursement

Please list 2 references not related to you, one of which is a professional contact (employer, teacher, minister, etc.)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email or Mailing Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email or Mailing Address \_\_\_\_\_