



Volunteer Information

Return completed form to:
Volunteer Administrator
New York-New Jersey Trail Conference
600 Ramapo Valley Road, Mahwah, NJ 07430
Ph: 201.512.9348 email: volunteers@nynjtc.org

PERSONAL INFORMATION	
Name (First, MI, Last):	Other names: (nickname, previous name, etc.)
Street:	
City:	State: Zip:
Email:	Primary Phone: <input type="checkbox"/> Day <input type="checkbox"/> Eve <input type="checkbox"/> Cell
<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date (if under 18*):
Shirt size (circle one): S M L XL XXL	
Occupation:	<input type="checkbox"/> Retired? (If retired, enter previous occupation)
EMERGENCY CONTACT (Person to be notified in an emergency)	
Name:	
Street:	
City:	State: Zip:
Primary Phone: <input type="checkbox"/> Day <input type="checkbox"/> Eve <input type="checkbox"/> Cell	Alternate Phone: <input type="checkbox"/> Day <input type="checkbox"/> Eve <input type="checkbox"/> Cell
MEDICAL INFORMATION	
1. Please list any allergies you have (medications, foods, dust, pollen, bites or stings, etc.):	
2. Please list any emergency medications you carry:	
3. Please note any medical conditions of which we should be aware:	
ACKNOWLEDGEMENT & AFFIRMATION	
<p>As a volunteer of the New York-New Jersey Trail Conference, I understand that I am not paid for my services. I also understand that in accordance with the Volunteer Policy, I must be a current member of the Trail Conference if, during the course of my assignment, I am required to publicly represent the Trail Conference.</p> <p>I also acknowledge that I have read the New York-New Jersey Trail Conference's Volunteer Handbook, and I agree to comply with the guidelines set forth therein.</p> <p>By signing this form, I certify that the information I have given is true, complete and correct in all respects.</p>	
Signature:	Date:

* If under 18, a Parental Consent form must be completed and signed before any work is done.