

New Jersey Forest Service

VOLUNTEER APPLICATION

(Please Fill Form Out As Completely As Possible)



Name: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Date of Birth: _____

NJ Forest Service Region desired (check one)

Northern Region

Bergen/Essex/Hudson
Hunterdon/Morris/
Passaic/Sussex/Warren

Central Region

Burlington/Mercer/
Middlesex /Monmouth/
Ocean/Somerset/Union

Southern Region

Atlantic/Camden/
Cape May/Cumberland
Gloucester/Salem

FREC

(Forest Resource
Education Center)
Jackson, NJ

**NJ State Forest
Nursery**

Jackson, NJ

What type of volunteer service(s) would you like to perform? (Examples: planting seedlings, forest inventory and data collection, forest restoration, fence repairs/removal, trail work, forest health monitoring, seed collection, processing bare root or tube seedlings, maintenance of several gardens or tree arboretum, bluebird nest box monitoring, assisting with interpretive programs, data entry and digitizing/Geographical Information Systems (GIS) work.)

Please list skills and/or abilities that may be beneficial to any work: (Examples: plant identification and survey, GIS, Microsoft Office, data entry, accounting)

Hours per week or month able to volunteer _____ week _____ month

Organization or group affiliation (if applicable) _____

New Jersey Forest Service

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(Please Fill Form Out As Completely As Possible)



By signing below, I hereby understand and agree as follows:

To the fullest extent allowable by law, I assume, for myself, my heirs, my executors or administrators, all risks and liabilities arising out of my volunteering activities with New Jersey Forest Service. I shall, for myself, my heirs, my executors or administrators, hold harmless, indemnify, defend, protect, and release the State of New Jersey, the Department of Environmental Protection, and their members, directors, officers, employees, agents, and contractors, successors and assigns from and against all suits, causes of action, demands, complaints, liabilities, penalties, costs, losses, damages, judgments, expenses or claims, including, without limitation, reasonable attorney's fees, in any form, arising from or in any way connected with my volunteering activities.

Print Name of Participant: _____

Signature Date

If signing on behalf of a minor child or ward

Signature of Parent or Guardian Date

Photo Release (optional)

By signing below, I hereby release all rights to my image, whether a photograph on paper or an electronic file, taken in connection with this event. I understand that such images may be used for any purpose including, but not limited to, publicity, illustration, advertising, and web content, which may be published in any format (electronic, print, or video). I understand that if I am signing on behalf of a minor child or ward, I can refuse to allow my child or ward's name to be used in connection with the image.

Signature Date

If signing on behalf of a minor child or ward

Signature of Parent or Guardian Date

Name Opt-Out

Please do not use my child's or ward's name in conjunction with his or her image.

Please mail application to:

NJ State Forest Service ATTN: Volunteer • 495 Don Connor Boulevard, Jackson, NJ 08527

Download and email this form to FREC@dep.nj.gov or call (732) 928-2360.

www.forestry.nj.gov