



82 Mount View Street
Newton, New Jersey

973-940-0503 email: treasurer@sussexcountyhfh.org

Office/Committee Candidate Application

Date: _____

Name: _____
First MI Last

Address: _____

Phone: (H): _____ (C): _____

E-Mail: _____

Employer: _____

Please list office or committees that you serve on or have served on. If you have no office experience or have not served on a committee leave this section blank.

| Organization | Role/Title | Dates of Service |
|--------------|------------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Education/Training/Certificates you have that might help

Skills, experience, and interests (Please check all that apply)

- Finance, accounting
- Public Relations/Outreach
- Family Nurture
- Home Repair Ministry
- Site Selection
- Family Selection
- Fundraising
- Grant Writing

You must complete the Release form and the Volunteer online safety training course:

<http://hfhaffiliateinsurance.com/volunteers/>