



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 A

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

Central Region B

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

Southern Region C

Atlantic/Camden/
Cape May/Cumberland
Gloucester/Salem

FREC Region D

(Forest Resource
Education Center)
Jackson, NJ

NJ State Forest Nursery Region D

Jackson, NJ

Please write a short bio about yourself

PLEASE ONLY CHOOSE UP TO 3 ITEMS OF INTEREST

Tree Nursery Field Work

Packing House

Forestry Operations

Planting

Building Maintenance

Event Support

Weeding

Greenhouse Work

Trail Work

School Programs

Availability

Monday

Tuesday

Wednesday

Thursday

Friday

Morning

Afternoon

Evening

Flexible

Organization or group affiliation (if applicable)



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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 volunteer.forestry@dep.nj.gov or call (732) 928-2360.

www.forestry.nj.gov