

Rutgers Ladies Auxiliary
PO Box 3
Johnson, NY 10933
rutgersladiesaux@gmail.com

Volunteer Application for the Rutgers Ladies Auxiliary

Print or type please:

Last Name First Name M.I.

Home Phone Cell Phone

Email Address: _____

Mailing Address: _____

Street City State

DOB: ____/____/____ (Must Be 18 or older)

In case of Emergency, Notify:

Name Relationship Phone

Signature of Applicant **Date of signature**

OFFICE USE ONLY

Date Application Submitted: _____

Date Met With Officers: _____

Application Accepted: ____ Yes ____ No **Date:** _____

Please Mail Completed Application to:

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Johnson, NY 10933