

VOLUNTEER FORM

All information will be confidential!

First and last name: Mr Ms _____

Address: _____

Phone Number W/Area Code (____) _____

email address _____

Best time to contact _____ District _____

I would like to volunteer:

As an Anchor person in an Adult Jail/Prison _____

As a one time speaker in an Adult Jail/Prison _____

As an Anchor person in a Juvenile Facility _____

As a one time speaker in a Juvenile Facility _____

As a Temporary Contact Program Volunteer _____

As a Corrections Correspondence Volunteer _____

As a Correctional Facilities Committee member _____

Other: _____

The Correctional Facilities Committee meets the third Saturday of each odd-numbered month (except January, March and September) at 10:00 AM in the Area 44 General Services Office at 2325 Plainfield Ave in South Plainfield. (Please see the Calendar at www.nnjaa.org for exact meeting dates and times.)

If you wish to send the form in, please send it to:

NJGS Area 44 Att: Correctional Facilities Com.
2325 Plainfield Ave.
South Plainfield, N.J. 07080

Email to:
cfc@nnjaa.org