



ATLANTIC COUNTY DIVISION OF PUBLIC HEALTH
 ENVIRONMENTAL HEALTH UNIT
 201 SOUTH SHORE ROAD
 NORTHFIELD, NJ 08225
 Phone: (609) 645-5972 Fax: (609) 645-5923

TOBACCO AGE-OF-SALE ENFORCEMENT PROGRAM

Teenage Volunteer Application

Name of volunteer _____ Date of Birth _____
 Street Address _____ Phone _____
 City / Zip _____

Name of Parent/guardian _____ Phone (H) _____
 Street Address _____ (W) _____
 City / Zip _____

Questions:

Circle

- | | | |
|--|-----|----|
| 1. Parental permission is required. Would that be a problem? | YES | NO |
| 2. Do you consider yourself a regular smoker? | YES | NO |
| 3. Do you understand that the program is confidential and strictly voluntary ? | YES | NO |
| 4. Are you available: After School | YES | NO |
| Saturdays | YES | NO |
| During Summer | YES | NO |

5. Please explain why you would like to be considered for this community service ?

Signature : _____

Reference's Comments :