

VOLUNTEER APPLICATION FORM

Name: _____ Date: _____

Address: _____ Telephone: _____

_____ Township or Borough: _____

Date of Birth: _____ Social Security Number: _____

Emergency Contact: _____ Address: _____

Telephone: _____

I. SKILLS AND INTERESTS (attach separate sheet if additional space needed)

Educational Background: _____

Current Occupation: _____

Hobbies, Interests, Skills: _____

Previous Volunteer Experience: _____

Medical Needs: _____

Is there a particular type of volunteer work in which you are interested? (Check all that apply.)

_____ Ombudsman

_____ Apprise – Health Insurance Counseling

_____ No Preference

_____ Senior Center

_____ Doing Public Speaking/Program Educator

_____ Other _____

II. AVAILABILITY

At what times are you interested in volunteering?

_____ Am flexible

_____ Prefer weekends

_____ Prefer weekdays

_____ Prefer days

_____ Prefer Evenings

Other: _____

Do you have a geographic preference as to where you do volunteer work?

_____ No

_____ Yes

Do you have transportation so you will be able to do your volunteer work?

_____ No

_____ Yes

A valid Pennsylvania driver's license?

_____ No

_____ Yes

Automobile Insurance?

_____ No

_____ Yes

Name of Insurance Company: _____

III. REFERENCES

List two (2) references of people who have known you for more than one (1) year and are not relatives:

Name: _____

Address: _____

Telephone: _____

FOR OFFICE USE ONLY

Reference No. 1 Checked by: _____

Date: _____

Favorable _____ Unfavorable _____

Name: _____

Address: _____

Telephone: _____

Reference No. 2 Checked by: _____

Date: _____

Favorable _____ Unfavorable _____