

***Volunteer Application
Transitions***

Name _____ E-Mail _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Best way to contact you _____

Education (circle last year completed) HS 1 2 3 4 College 1 2 3 4 Graduate

Name of School/College _____

Are you presently employed? Yes ____ No ____ Full-time ____ Part-time ____

Employer's name and address _____

Special skills, training, interests or hobbies _____

Please list any current or previous volunteer, internship or work experience:

Have you volunteered at the center in the past? Yes ____ No ____

Are you available regularly each week? Yes ____ No ____

Please indicate the times you are available to help:

Mon. ____ Tues. ____ Wed. ____ Thurs. ____ Fri. ____ Sat. ____ Sun. ____ Holidays ____

Do you have a valid Driver's License? Yes ____ No ____

Do you have current auto insurance? Yes ____ No ____

Are you 18 years of age or older? Yes ____ No ____

Have you ever used our services? Yes ____ No ____ If yes, when _____

Do you speak other languages? Yes ____ No ____

If yes, please be specific: _____

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Have you ever been convicted of a felony? Yes _____ No _____

If yes, please explain:

If you or a family member have been a victim of crime and you wish to disclose it, please briefly explain: _____

What qualities will you bring with you to the organization? _____

How did you hear about our program? _____

Please enclose a copy of your valid driver's license as well as two letters of reference.

Prior to the completion of training, a criminal record check will be made in order to obtain a child abuse clearance.

I certify that the information provided above is true and correct and I give my permission to verify any of the information I have given above.

Signature _____

Date: _____

Please return completed application to: County Coordinator
P.O. Box 170
Lewisburg, PA 17837

Fax: 570-524-9367

TRANSITIONS