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Lansdowne, Pennsylvania 19050  
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Email: info@theppf.org

## Volunteer Application Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Past volunteer experience:**

Organization/Agency Name	Supervisor's Name & Phone	Volunteer Position

**Current Employment:**

Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Available time to volunteer:**

- Monday     Tuesday     Wednesday     Thursday     Friday     Saturday     Sunday
- Morning (9am – 12pm)     Afternoon (12pm – 4pm)     Evening (4pm – 8pm)

**Frequency of volunteer availability:**

- One-Time     Weekly     Bi-weekly     Monthly     Other \_\_\_\_\_

**How would you like to help Pettaway Pursuit Foundation?**

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*"Pursuant to Internal Revenue Code requirements for substantiation of charitable contributions, no goods or services were provided in return for the Tax Deductible contributions."*

Why do you want to volunteer for Pettaway Pursuit Foundation?

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Hobbies, interests, skills: (nursing, doula, child birth educators, massage therapist, fundraiser, administration, etc.).

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Are you willing to submit to a criminal background check?  Yes  No

Transportation:  Public Transportation  Walk  Taxi/Car Service  Car

Education/Credentials (if over 18, start with high school):

School	Year Graduated	Degree	Location

**References:**

List three non-family members who can provide references on your ability to perform this volunteer position:

Name	Address	Phone/Email

I hereby agree to serve any client who is assigned regardless of race, sex, creed or national origin.

I hereby declare that the above information is true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*"Pursuant to Internal Revenue Code requirements for substantiation of charitable contributions, no goods or services were provided in return for the Tax Deductible contributions."*