



3910 Adler Place, Suite 130
Bethlehem, PA 18017
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VOLUNTEER APPLICATION

SECTION I

NAME _____ DATE _____
ADDRESS _____ CITY _____ PA _____ ZIP _____
HOME PHONE _____ CELL PHONE _____ E-MAIL _____
PREFERRED METHOD OF CONTACT _____

SECTION II

PREVIOUS VOLUNTEER EXPERIENCE _____
OTHER INFORMATION THAT WILL HELP US MAKE A GOOD MATCH (SUCH AS EDUCATION, GENERAL
INTERESTS/HOBBIES) _____
LANGUAGES SPOKEN _____

SECTION III

AVAILABILITY AND VOLUNTEER ASSIGNMENT PREFERENCES:

PLEASE CHECK ALL THAT ARE APPLICABLE:

I AM AVAILABLE MORNINGS(MON-FRI) AFTERNOONS(MON-FRI) EVENINGS (MON-FRI)
 WEEKENDS ONCE A WEEK MORE THAN ONCE A WEEK
 ONE TIME ONLY AS NEEDED OTHER

I COULD SERVE MORE THAN ONE PERSON: YES NO

SECTION IV

DO YOU HAVE A VALID (STATE) DRIVER'S LICENSE? YES NO
LICENSE NUMBER: _____ VEHICLE LICENSE PLATE NUMBER _____
DO YOU HAVE ANY PHYSICAL CONDITION THAT MAY LIMIT YOUR ACTIVITIES? YES NO
IF YES, PLEASE DESCRIBE _____

EMERGENCY CONTACT _____
RELATIONSHIP _____ CONTACT NUMBER _____

I give my consent to conduct a background check.

SIGNATURE OF APPLICANT

DATE