



VOLUNTEER APPLICATION

DATE: _____

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____
Street City State ZIP

TELEPHONE (Home): _____ (Cell): _____

(Work): _____ May we call you at work? _____

E-MAIL(S): _____

CURRENT EMPLOYMENT STATUS: _____

WORK EXPERIENCE: _____

VOLUNTEER EXPERIENCE (Past or present): _____

SPECIAL SKILLS OR TRAINING: _____

AREA OF VOLUNTEER INTEREST:

Journey's Way serves a range of people. Many are independent and able-bodied. Others have physical or mental impairments. Some programs are based at the Journey's Way Center, while others, such as friendly visits, serve people in their homes. Volunteers also can help in administrative and programming tasks, where face-to-face work with clients is limited. WHICH SITUATIONS SUIT YOU BEST?

APPROXIMATE TIME AVAILABLE FOR VOLUNTEERING: _____ Hours per week

| AVAILABILITY | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|--------------|-----|-----|-----|-----|-----|-----|-----|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

WHEN COULD YOU START? _____

HOW MUCH SCHEDULING NOTICE DO YOU NEED? _____

WOULD YOUR TIME WITH US BE OPEN-ENDED OR LIMITED? _____

MEDICAL RESTRICTIONS, ALLERGIES OR REQUIREMENTS THAT MAY AFFECT YOUR

VOLUNTEER ACTIVITY: _____

YOUR HEALTH INSURANCE COMPANY: _____

EMERGENCY CONTACT: _____ PHONE _____

ADDRESS _____ RELATIONSHIP _____

REFERENCES (Other than family members):

1. _____
Name Phone Relationship

2. _____
Name Phone Relationship

To safeguard everyone's health and safety, we ask you to make the following affirmation:

I have never pled guilty, been convicted or received probation for a criminal act.

For people who might drive Journey's Way clients, or drive during their volunteer activity:

I have a valid driver's license in good standing.

I carry automobile liability insurance. Driver's License Number: _____

Auto Insurance Carrier: _____ Policy Number: _____

The information I am providing is accurate and complete, to the best of my knowledge.

Signature

NOTE: To comply with the Pennsylvania Older Adult Protective Services Act, we may ask you to agree to a police background check or driving record check for certain