



Volunteer Application

Date: _____

Name:(Last) _____ (First) _____ (MI) _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

At which number do you prefer to be called? _____ What time is most convenient? _____

Email: _____

Current Employer/School: _____

Emergency contact person: _____ Phone: _____

Briefly describe your past work or school and volunteer experience.

How did you find out about this volunteer opportunity?

What special talents or interests do you have?

Please list the name and phone number of two references:

1. _____

2. _____

Place a check next to your interests.

Board of Directors Building/Grounds Clerical Work

Special Events Reader for Radio Station Receptionist

Transporting or Escorting customers for appointments, groceries, personal needs

Do you have transportation? _____ What type?: _____

If you are interested in transporting clients:

Have you had any driving citations within the last 5 years?: _____

Have you had a recent PA State Police background check? _____

Have you had a recent Child Abuse Clearance? _____

At times a special project or mailer will come up and we may need volunteers with little notice, May we call you at these times to check your availability? _____

Place a check next to the days and times you would be available to volunteer.

Our operating hours are weekdays from 8:30 am to 4:30 pm.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

There may be times that you are asked to perform a task outside of your regular assignments due to need. Please know that you are not required to do the task and turning down an assignment will not jeopardize your volunteer position.

By signing this form you are giving Vision Resources permission to do a criminal background check and a child abuse clearance.

Print: _____

Signature: _____