

VOLUNTEER APPLICATION



NAME _____ DATE OF BIRTH (M/D/Y) _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ E-MAIL ADDRESS _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

EMERGENCY CONTACT _____ RELATIONSHIP _____ PHONE _____

EDUCATIONAL BACKGROUND _____

CURRENT OCCUPATION _____

HOBBIES, SKILLS, INTERESTS _____

PREVIOUS VOLUNTEER EXPERIENCE _____

Have you ever been convicted of a felony? Yes No

[If yes, please explain the nature of the crime and the date of the conviction and disposition.]

Background checks may be required for certain volunteer positions. A consent form will be provided if applicable.

Preferences: Is there a particular area(s) of volunteer work in which you are interested?

Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work? Yes _____ No

Availability: When are you available to start? _____

What days and times work best for you? _____

References (provide the names and contact information for two persons that we may contact):

SIGNATURE _____ DATE _____ PRINT NAME _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____
(If under 18 years of age)

Driver's License State/Number _____ Exp date _____

Car Insurance Company _____

Insurance Policy # _____ Exp. Date _____

Please verify renewal of your license and insurance card by showing them to the center manager. In the case of no center manager, please forward a photo copy of each to Berks Encore, 40 N 9th St, Reading, PA 19601 Attn: Development. Thank you.

Release & Agreement

Berks Encore and the Meals on Wheels Program hope that all volunteers recognize the very special nature of our mission and service. In that light, we expect that all volunteers will exercise caution and good judgment in discussing any aspect of the position of volunteer with fellow volunteers, clients, and with those outside the program. Of special concern is the privacy and rights of those we serve. Confidentiality is crucial.

- I agree to offer my services as a volunteer. I understand that I am not a paid employee.
- I understand that if I use my personal vehicle as transportation, I must keep in effect my auto insurance equal to the minimum required by the Commonwealth of Pennsylvania and will observe all traffic laws.
- I agree to comply with the Pennsylvania food safety guidelines as stated in the Volunteer Information
- I have read and understand the Volunteer Information packet.
- I understand the statements above and agree to abide by them as indicated by my signature below.

Volunteer Signature _____ Date _____

OUR MISSION

The mission of Berks Encore is to engage the community to enable older adults to achieve a better quality of life by providing a comprehensive program of services, referrals, education and advocacy.