



Volunteer Application

Name _____

Address _____

Cell phone _____ work phone _____ Home phone _____

Email address _____

Emergency Contact Name: _____ relationship to you _____

Address _____

Phone Number: _____ Email: _____

Days available __ Weekdays __ Evenings __ Weekends __ Anytime

Number of hours per week I am available _____

Highest Level of Education _____

Current Employer: (if applicable, Co. name) _____

Address _____ phone number _____

Position/Title _____

Dates of employment _____

Would you like us to keep your employer abreast of your volunteer service? __ yes __ no

Previous employer _____

Special skills and qualification and Hobbies _____

Groups, clubs, organization membership that you hold or held _____

List names and dates _____

Please describe all of your volunteer experience (include organization names dates and positions held)

Do you have and prior experience No Yes If yes, please describe your current experience and if you are no longer are associated with volunteering please describe reasons for leaving_____

What experience have you had that may prepare you to volunteer? _____

Why do you want to volunteer? _____

Have you ever been convicted of a crime? no Yes, If yes please explain. Include nature of crime date and disposition. _____

- Volunteers will be required to submit Report of criminal history from the Pennsylvania State Police (PSP); and
- Child Abuse History certification from the Department of Human Services (Child Abuse).
- Additionally, a fingerprint based federal criminal history (FBI) submitted through the Pennsylvania State Police or its authorized agent is required

Do you possess a valid driver's license yes no

Do you have a car available for transporting items? yes no

Do you have any physical limitations? No Yes If yes please describe _____

References:

Please list three people who know you well and can attest to your character, skills and dependability including you current or last employer.

Name _____ Phone number _____

Name _____ Phone number _____

Name _____ Phone number _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability. No question on this form is intended to secure information to be used for such discrimination.

Thank you for completing this application form and for you interest in volunteering with us.

I understand that this is an application for and not a commitment or promise of volunteer opportunity. My signature, certifies that I have and will provide information throughout the selections process, including on this application for a volunteer position and in interviews with this organization is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorable affect my application for a volunteer position. I understand that I am not authorized to collect any funds (cash or check) or payment information (credit card numbers or online payment credentials). I understand that information contained on my application will be verified by this Independence Day Ltd. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Independence Day Ltd. and or my termination as a volunteer.

Signature _____ date _____

Printed name _____

Please email your form to pottstown4thofjuly@gmail.com or mail to:

P. O. Box 199
Pottstown, PA 19464

