



VOLUNTEER/COMMUNITY SERVICE INFORMATION

Date _____

Volunteer Name: _____

Current Address: _____

Phone Number: (____) _____ (____) _____

No. Street City County State ZIP

Home Other

Best Time To Be Contacted: _____ Date you can start: _____

Volunteer Interests: _____

Previous Volunteer Activities: _____

What hours are you willing to volunteer? _____ Days of week: S M T W TH F S

Can you provide transportation? ____ Yes ____ No

Do you have a Valid PA Driver's License? ____ Yes ____ No

Have you ever been convicted of a felony ____ Yes ____ No If yes, specific charge(s) and dates:

How were you referred to Lifesteps? _____

Do you have any relatives that work and/or volunteer at Lifesteps? ____ Yes ____ No

If yes, who? _____ Relationship: _____

Are you CPR certified? ____ Yes ____ No Expiration Date _____

Are you First Aid certified? ____ Yes ____ No Expiration Date: _____

Do you have special skills or experience? _____

What are some things you liked about previous volunteer experience? _____

What are some things you disliked about previous volunteer experience? _____

Why do you want to volunteer for Lifesteps? _____

Briefly state background, interest, and/or experience working with people with special needs.

I enjoy working with:

I enjoy working with:

- | | | |
|--|---|--------------------------------|
| <input type="checkbox"/> Children (Birth to Age 6) | <input type="checkbox"/> Parents | <input type="checkbox"/> Other |
| <input type="checkbox"/> Adults with Mental Retardation | <input type="checkbox"/> The Public | |
| <input type="checkbox"/> Adults with Physical Disabilities | <input type="checkbox"/> Business/Professional People | |
| <input type="checkbox"/> People with Hearing Loss (Deaf Awareness) | <input type="checkbox"/> Elderly | |

My present interests include:

- | | |
|--|--|
| <input type="checkbox"/> Socializing | <input type="checkbox"/> Poetry/Drama |
| <input type="checkbox"/> Discussion Groups | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Field Trips | <input type="checkbox"/> Bible Study/Reading |
| <input type="checkbox"/> Physical Exercise | <input type="checkbox"/> Crafts/Hobbies |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Sewing/Crocheting/Needlework |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Drawing/Painting/Ceramics |
| <input type="checkbox"/> Sporting Events | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Pets | <input type="checkbox"/> Cooking/Baking |
| <input type="checkbox"/> Television | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Movies | <input type="checkbox"/> Music/Group Singing/Instruments |
| <input type="checkbox"/> Table Games | <input type="checkbox"/> Parties |
| <input type="checkbox"/> Card Games | <input type="checkbox"/> Dancing |
| <input type="checkbox"/> Bingo | <input type="checkbox"/> Community Organizations |
| <input type="checkbox"/> Current Events/News | <input type="checkbox"/> Other: |

Please list two references (not relatives or employers) whom you have known for at least one year:

Name	Address	Business	Telephone

I hereby authorize Lifesteps, at this time of my application for volunteer service, or during the course of my volunteer service, to obtain information from any source as to my experience, competence, character or medical history, as relates to the volunteer service for which I applied or may be conducting. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may cause my immediate dismissal or rejection of this application and/or services. I agree that all statements made in this application may be investigated.

I understand that I may be required to successfully complete a medical examination and provide 2 written letters of personal reference. I may also be required to provide an acceptable criminal history background (Act 34) and an acceptable child abuse history (Act 33) within 30 calendar days of volunteer service.

Signature _____ Date _____

We consider all volunteers without regard to race, color, religious creed, disability, national origin, ancestry, age, sex, or veteran status.

Office Use Only	
Receipt (date)	_____
Program Director	_____
Director, Dev & CR	_____
Visit Scheduled (date)	_____
HR Director	_____
Orientation/Start date	_____



VOLUNTEER
PERSONAL AND EMERGENCY INFORMATION

PLEASE COMPLETE ENTIRE FORM AND MARK "X" IN BOX IF THERE IS A CHANGE.

Name: _____ **Volunteer Number:** _____

Effective Date: _____

Please "X" box if there is a change.

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone (including area code): _____

Place of Residence:

County: _____ **Municipality:** _____

In the event of an emergency, you may contact:

1. **Name:** _____ **Relationship:** _____

Address: _____

Phone: _____

2. **Name:** _____ **Relationship:** _____

Address: _____

Phone: _____

Volunteer Database _____