

VITA Volunteer Application



Personal Information

Last Name First Name MI

City State Zip

Phone Email Address

Please note: In an attempt to cut back on postal and printing expenses, we are moving to electronic communication whenever possible. We do not sell or share your email address with other agencies or those outside of Berks Encore.

Emergency Contact Information

Last Name First Name MI

Phone Relation to You

Volunteer Availability – Please Check all available

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning 9:00 - Noon					
Afternoon 1:00 – 3:30 PM					
Evening 5:00 – 8:00 PM					

Preferred Location: (Check all that apply)

_____ Reading _____ Albright _____ Shillington _____ Fleetwood _____ Wernersville _____ Strausstown

I acknowledge that all of the information on this application is correct. By signing this application, I give authorization to Berks Encore to contact my references.

Signature Date

NEW VOLUNTEERS - Please turn over and complete the other side.

The following section is for new volunteers only.

References – Please List 3 Professional/Personal References

Name	Phone	Relationship to You

Do you speak a language other than English? Yes No
If yes, what language(s) and how fluent are you? _____

Have you ever been convicted of a felony or crime? Yes No
If yes, explain: _____

