

Volunteer Application



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home/Mobile Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
- Weekday afternoons Weekend afternoons
- Weekday evenings Weekend evenings

Interests – Training and support provided in all areas

Tell us in which areas you are interested in volunteering

- Administration (data entry, reception, telephone)
- Newsletter production
- Events
- Volunteer coordination
- Meals on Wheels (packing and/or delivering)
- Income Tax Preparation
- Fundraising & Development
- Medicare Counseling
- Maintenance
- Hotline
- Grocery Shopping Program
- Powers of Attorney Program
- Friendly Visitor Program
- Center activities – socialization & recreational programs
- Senior Center Wellness programs

Other: Please specify:

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Have you ever been convicted of a crime? 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.

Driver's License State/Number:		Exp. Date:	
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.

Release & Agreement

Berks Encore hopes 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: _____

Parent/Guardian Signature: _____ Date: _____
(If under 18 years of age)

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.

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

Completed Applications

Completed applications can be returned to your local center. You may also submit the form by mailing it to:

**Berks Encore
Attn: Volunteer Coordinator
40 N. 9th Street
Reading, PA 19601**

It may also be faxed to: 610.374.3483.

Thank you for your interest in volunteering for Berks Encore!