

Volunteer Application

Name _____ Date _____

Address: _____

City _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Availability:

Please complete the hours and days of preference or availability.

	Morning	Afternoon	Evening
Weekdays			
Weekends			

Special Skills/ Areas of Interest: (be specific)

Arts/Crafts/ Woodwork _____

Games/ Sports/ Gardening _____

Music _____

Hobbies _____

Literature/ History/ Travel _____

Assist with Social Gatherings/ Special events _____

Other Interests _____

Background Information

Occupational Background: _____

Volunteer Experiences: (list organization and duties)

How many Years have you lived in PA? _____

REFERENCES

Please list 2 local references: (please provide non-relatives)

Name: _____

Phone: _____

Affiliation: _____

Name: _____

Phone: _____

Affiliation: _____

EMERGENCY CONTACT INFORMATION

Please list someone we can contact in case of an emergency.

Name: _____

Home Phone: _____ Cell/work Phone: _____

Relationship: _____

ACKNOWLEDGEMENT

I acknowledge that all information provided on this application is true. As a volunteer at Hidden Meadows on the Ridge, I agree to follow all facility rules & policies for the safety of all. In addition, I agree HMOR may conduct a background check at its discretion. I am aware that HMOR has the right to releases me from services, just as I have the right to withdraw from volunteer service.

Signature: _____ Date: _____

Parent's Portion (for applicants under 18 years of age)

I have read & understand this application and give my child permission to volunteer. I fully accept responsibility for my child's participation and action while on the premises.

Parent/Guardian: _____ Date: _____