

VOLUNTEER APPLICATION (please print CLEARLY)



Name:
Address:
Email Address:
Best Telephone Number to reach you: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Education:
Please list any special skills, vocation, hobbies or qualifications: Could you lead a talk/discussion? <input type="checkbox"/> Yes <input type="checkbox"/> No Topic _____
ADDITIONAL INFORMATION
Do you speak any languages other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list:
Do you have any food allergies or any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list:
Do you have any physical limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:
Have you volunteered before? If so, where?
We appreciate our volunteers and look forward to working together. Tell us what interests you about volunteering with us.
In which department would you like to volunteer? <input type="checkbox"/> Administrative/Mailings <input type="checkbox"/> Aquatics <input type="checkbox"/> Art <input type="checkbox"/> Culture <input type="checkbox"/> Fitness <input type="checkbox"/> Gardening <input type="checkbox"/> Kitchen <input type="checkbox"/> Senior Club <input type="checkbox"/> Youth <input type="checkbox"/> Maintenance/Facility <input type="checkbox"/> Event Setup/Break Down <input type="checkbox"/> Driving <input type="checkbox"/> Other <input type="checkbox"/> Not sure yet
Please describe any previous experience working with children and/or with seniors. Include organization name, location and date (if interested in working with children.)

Do you have up to date security clearances? Yes No

Have you ever been convicted of a misdemeanor or a felony? Yes No

If yes, describe where/when:

Are you a registered offender in any state? Yes No

Is this application submitted following a court order? Yes No

*** * * The York JCC does not facilitate court ordered volunteer service * * ***

EMERGENCY CONTACT

Name:

Relationship:

Cell Phone

Home Phone:

REFERENCES Please provide two personal references (other than family members) whom we may contact.

REF 1

Name:

Relationship:

Telephone:

Email:

REF 2

Name:

Relationship:

Telephone:

Email:

Printed name:

Signature:

Date:

Parent/Guardian Name (if under 18):

Parent/Guardian Signature:

Date:

Please return the completed application to the Volunteer Coordinator at the York JCC in person or by mail to:

York JCC - Volunteer Coordinator
2000 Hollywood Drive
York, PA 17403

If you have any questions, please contact the Volunteer Coordinator at (717) 843-0918 x 115

***Thank you for your interest in
volunteering with us!!***