

Volunteer Application



Contact Information

Name				Occupation/title		
Street Address						
City			State		Zip	
Have you lived in PA for the past 10 consecutive years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Home Phone						
Cell Phone						
E-Mail Address						

What is the best way to contact you? (select all that apply)

<input type="checkbox"/> Home Phone	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Email	<input type="checkbox"/> Text Message
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Volunteer Interests & Details

I am interested in volunteering for the following program(s) or committee(s): (check all that apply)

<input type="checkbox"/> Camp or Event Volunteer	<input type="checkbox"/> Camp Youth Mentor	<input type="checkbox"/> Community In-Service Speaker
<input type="checkbox"/> Info booth host at Health/Community Fair	<input type="checkbox"/> Fundraising & Public Relations Committee	<input type="checkbox"/> Support Group Leader or Assistant
<input type="checkbox"/> Camp & Retreat Committee	<input type="checkbox"/> Legislative Committee	<input type="checkbox"/> Other: _____

I am willing to work in the following counties or areas:

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I am willing to work with the following size groups: (for speakers only)

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Special Skills or Qualifications

I have the following experience that will benefit the position.

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Person to Notify in Case of Emergency

Name/Relationship					
Street Address					
City		State		Zip Code	
Home Phone					
Work Phone					
E-Mail Address					

Please Note: PA required clearances must be on file with PATSA for all volunteers who work with children. PATSA will provide a link for you to acquire them free if you do not already have clearances completed within the last 5 years. The required clearances include a criminal background check and a child abuse history clearance. If you have not lived in PA for the past 10 consecutive years, a FBI fingerprint check is also required.

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

FOR OFFICE USE ONLY:

Date Application was Received		Training Scheduled	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Clearances Requested	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Training Dates:	
Volunteer Agreement Requested	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Date of Initial Interview	
Support Group Manual Requested	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Trailblazer Updated (groups)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
NOTES:			

