



Volunteer Application

Thank you for your interest in becoming a volunteer for Greater Harleysville and North Penn Senior Services (GHNPS). Working with volunteers is a very important part of what we do and we appreciate your willingness to share your time and talent to help us provide services and programs that ensure older adults thrive in their communities.

All of the following must be completed and processed before starting your volunteer experience:

- Volunteer Application
- Code of Conduct Form
- Criminal Background Form

Please complete this form in its entirety and return it to the Center to which you are applying. You will then be contacted for an interview. Afterwards, your references will be verified and a criminal background check will be performed. After completing the process, you will be contacted with information on your start date.

Applicant Information and Questionnaire

Name: _____

Date of Birth (mm/dd/yyyy): _____ / _____ / _____ SSN: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Township/Borough: _____ Live Alone? ☐ Yes ☐ No

Sex: ☐ Male ☐ Female Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: ☐ White/Caucasian ☐ Black/African American ☐ Asian ☐ Other: _____

1. Please select the location(s) at which you wish to volunteer.

- ☐ Encore Experiences in Harleysville ☐ The PEAK Center in Lansdale

2. Please select the area(s) of service for which you are interested in volunteering? (Check all that apply)

- ☐ Greeter's Desk ☐ Kitchen/Meal Serving ☐ Administration Assistance ☐ Auction Solicitation
☐ Maintenance ☐ Cleaning ☐ Technology Assistance ☐ Class Instruction (Topic: _____)
☐ Workshop Facilitator ☐ Other: _____

3. What days would you be available? (Check all that apply)

- ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

4. What hours would you be available? (Check all that apply)

- ☐ 9am-12pm ☐ 12pm-3pm ☐ 3pm-6pm

5. How often would you be like to volunteer?

- ☐ Daily ☐ Weekly ☐ Monthly ☐ As Needed

6. Do you have any special interests or skills that you would like to use at GHNPS? ☐ Yes ☐ No

If yes, please describe: _____

Application continues on the back...

EMERGENCY CONTACT INFORMATION

Full Name: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____
Full Address: _____

VOLUNTEER DISCLOSURE STATEMENT

☐ I have not been convicted of any crimes or the attempt, solicitation or conspiracy to commit any crimes including those under Title 18 of the Pennsylvania Consolidated Statutes ("Crime Code") or equivalent crime in another jurisdiction.

☐ I have been convicted of or am pending indictment for the following crimes (include the dates, location, jurisdiction, circumstances and outcome): _____

☐ Depending on the nature of the crime, I understand that my volunteer service may be terminated if I have a conviction.

By signing below, I hereby swear/affirm that the information as set forth above is true and correct. I understand that the penalty for false swearing is a misdemeanor of the third degree pursuant to Section 4903(b) of the crimes code.

AUTHORIZATION FOR RELEASE OF INFORMATION

By signing below, I authorize Greater Harleysville and North Penn Senior Services (GHNPS) to conduct background checks and obtain reports for use in connection with my volunteer application for volunteer services and/or for other related reasons. My authorization is ongoing and allows GHNPS to secure background information on me at any time during my volunteerism with the organization. I certify that I have read and understand this Disclosure and Authorization form. On my request, I will be given a copy of this document.

CONFIDENTIALITY STATEMENT

Information pertaining to GHNPS members, participants and staff (including, but not limited to, medical, financial, personal and legal data) is to be kept confidential. No information may be shared without the express written permission of the person in question. All donor information is considered confidential. All confidential information will be purged in accordance with regulatory guidelines.

I understand that during the course of my volunteer service confidential information may be made available to me. I further understand that this information must not be disseminated or used outside of Greater Harleysville and North Penn Senior Services. In the event of my separation from volunteer service, whether voluntary or involuntary, I hereby agree not to utilize or exploit this information with any other individual or company.

Signature of Applicant

_____/_____/_____
Date

Printed Name of Applicant

VA-08-22

FOR OFFICE USE ONLY

Application received by: _____ Date: ____/____/____

Criminal Background Check performed on: ____/____/____ Passed: ☐ Yes ☐ No

Volunteer Status Approved: ☐ Yes ☐ No Start Date: ____/____/____ Entered into Co-Pilot on ____/____/____