



# 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: \_\_\_\_\_  
(SSN used for background check purposes only)

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Township/Borough: \_\_\_\_\_

Gender Identification:  Male  Female  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  Special Events  Maintenance
- Cleaning  Technology Assistance  Class Instruction/Workshop (Topic: \_\_\_\_\_)
- 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)**

- Morning: 9:00am-12:00pm  Lunch: 11:00am-1:30pm  Afternoon: 12:30pm-3:30pm

**5. How often would you be likely to volunteer?**

- Daily  Weekly  Monthly  As Needed

**6. Do you have any special interests or skills that you would like to share 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 (GHNPSS) 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 GHNPSS 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 GHNPSS 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

<b>FOR OFFICE USE ONLY</b>			
Application received by: _____		Date: ____/____/____	
Criminal Background Check performed on: ____/____/____	Passed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Volunteer Status Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date: ____/____/____	Entered into Co-Pilot on ____/____/____	