

YORK COUNTY VOLUNTEER SERVICES APPLICATION FORM

Thank you for your interest in volunteering your time and talent! Knowing a little bit about you will help us identify the most appropriate and comfortable volunteer experience for you, so please fill out this form as completely and accurately as possible.

Name (Last, First, MI) _____

Street Address _____

City, ST, Zip _____

Email Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Date of Birth (MM/DD/YYYY) _____

Days of the week/month you would be available: _____

Hours you would be available: _____

Do you have your own transportation? Yes No

Special interests, Skills and Hobbies _____

With whom and where would you like to work? (Check all that apply)

Preschool Elementary School Groups One-on-one
 Middle School High School With the Public Alone
 Adults Senior Citizens Outdoors Indoors Office

Please specify any special requirements or health concerns: _____

Signature or Signature of Parent/Guardain _____ Date _____

SUPPLEMENTAL INFORMATION

Education:

Are you presently a student? Y N Where? _____

Number of hours you are carrying _____ Do you wish to receive credit for your volunteer hours? Y N

High School (Name, City, State) _____

Highest Grade Completed: 8 9 10 11 12 GED

College (Name, City, State) _____

Technical School (Name, City, State) _____

Major Coursework _____

Please list two personal references (Name, Address, Phone – not relatives)

Emergency Contact

Name _____ Relationship _____

Street, City, State _____

Phone _____ (Work) _____ (Home)

Personal Physician _____ Phone _____

How did you learn about our volunteer program? _____