



Education, Jobs & Support  
For People With Disabilities

1200 South Broad Street  
Phone: (215) 389-4006  
Fax: (215) 389-5228

## Volunteer Application

<b>How did learn about PEP?</b>		
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Adress</b>		
<b>City, State, Zip</b>		
<b>Telephone Number(s)</b>	<b>Social Security Number</b>	
Home:		
School:		
Work:		
Do you have a valid driver's license? Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> ) Do you have a registered, operable, insured and inspected car? Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> ) Have yo been convicted of felony within the last 5 years? Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> ) A conviction will not necessarily disqualify a volunteer from service. If yes please explain:		
<b>Current Employment</b>		
<b>Employer</b>	<b>Dates Employed</b>	<b>Job Duties</b>
	From To	
<b>Address:</b>		
<b>Telephone:</b>	<b>Job Title:</b>	<b>Supervisor:</b>
<b>Days and hours worked per week:</b>		



Education	School Name/ Location	Yrs. Completed	Degree
High School			
Undergraduate/ College			
Graduate/ Professional			
Describe any specialized training, skills and abilities that you have acquire from employment, education or other experience ( include any foreign language you can speak, read and or write.)			

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Evening							

References	Give the name, address and telephone number of three references who are not related to you. One must be able to verify education.			
	Name	Company	Address	Telephone
1				
2				
3				

I hereby give Programs Employing People ( PEP) permission to verify the information on this application. I realize that any misrepresentation on this application may result in PEP's declining my application for volunteer services.

\_\_\_\_\_

Applicant's signature

\_\_\_\_\_

Date