



Education, Jobs & Support
For People With Disabilities

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

Volunteer Application

Date: _____

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

Education	School Name/ Location	Yrs. Completed	Degree
High School			
Undergraduate/ College			
Graduate/ Professional			
Describe any specialized training, skills and abilities that you have acquired 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
Hours Morning							
Hours 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				

Emergency contacts:			
	Name	Telephone number	Relationship
1			
2			

Pennsylvania Adult Protective Services Act requires all volunteers to have criminal background checks current prior to working. If you do not have a current PA State Police-issued Background Check, PEP will run a check for the applicant. The cost of such a check is \$10.00, payable to **PEP**. Check here if you have a current FBI or Pennsylvania Criminal History Background Check.

Please read carefully: I certify that the facts contained in this application are true and complete to the best of my knowledge and understanding, if selected as a volunteer, falsified statements on this application shall be grounds for dismissal. I further understand that this application is for an unpaid volunteer position.

Signature

Date

Release of Liability

Please read carefully: I authorize Programs Employing People (PEP) or its agents, investigation of all statements contained herein and the previous employers and references listed. I further authorized my previous employers and references to give all information collected concerning my previous employment and any information they may have, personal or otherwise. I further release all parties from liability for any damage that may result from furnishing this information.

Signature

Date

Programs Employing People does not discriminate against any volunteer or applicant because of race, color, religion, sex, national origin, marital status, age or disability. Programs Employing People shall take such affirmative action as necessary to ensure that applicants seeking employment are treated without regard to race, color, religion, sex, national origin, marital status or disability.

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____

Date: _____

Hired: Yes No

Position: _____

Starting salary: _____

Start date: _____