

Phoenixville Senior Center Volunteer Application

Personal Information

 Last Name First Name MI

 Address

 City State Zip

 Phone DOB Email Address (if available)

 Driver's License Number Social Security Number

Emergency Contact Information

 Last Name First Name MI

 Phone Relation

References – Please List 3 Professional/Personal References

Name	Phone	Relation to You

Volunteer Information

Are you: Retired Employed: Position _____
 Student Other: _____

What is your educational background?

What skills have you gained, from previous employment, will help you become a successful volunteer?

Do you possess any special skills that might aid you in a volunteer position?

What are your interests/hobbies?

Do you speak a language other than English? YES NO
If yes, what language(s) and how fluent are you?

Do you participate in any other volunteer activities?

Availability- Please List Times

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Background Information

Have you ever been convicted of a felony crime? YES NO

If yes, please explain.

I acknowledge that all of the information on this application is correct. By signing this application you give authorization to the Phoenixville Senior Center to contact your references and conduct a criminal background check.

Signature

Date

A background check will be conducted on every applicant before they are assigned job duties. All volunteers must have a clean criminal background record.