

# Phoenixville Senior Center - Volunteer Application

## Personal Information

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Last Name	First Name	Middle Initial
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Address

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City	State	Zip Code
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Phone Number	Email Address	Date of Birth
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Driver's License Number	Social Security Number
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## Emergency Contact Information

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Last Name	First Name
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Phone Number	Relationship to you
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## References – Please list 3 professional/personal references

Name	Phone	Relationship to you

## Volunteer Information

Are you:     Retired                       Employed: Position \_\_\_\_\_

Student                                       Other: \_\_\_\_\_

What is your educational background?

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

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

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What are your interests/hobbies?

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Do you speak any language(s) other than English?     Yes     No

If yes, what language(s) and how fluent are you?

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Do you participate in any other volunteer activities?

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Availability – please list times

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							

Background Information

Have you ever been convicted of a felony crime?     Yes     No

If yes, please explain.

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

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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.