



Peace Neighborhood Center NEW Volunteer Application 2017 - 2018

Name: _____ DOB: ____/____/____ Sex: ___ M ___ F

Email Address: _____ Phone: _____

Local Address: _____

Do you have a police record of any kind? YES NO

If yes, please explain: _____

Can PNC run a police check on you? YES NO

If no, please explain: _____

IN CASE OF EMERGENCY NOTIFY:

Name: _____

Phone: _____ Relationship: _____

EMPLOYMENT:

Are you currently employed? Yes, Full Time Yes, Part Time No Retired Student

Employer/Position: _____

EDUCATION:

Are you currently in school? YES NO If yes, where? _____

Current level of education: _____ Field of study: _____

HEALTH INFORMATION:

Do you have any physical restrictions/conditions that might interfere with your ability to perform any duties as a volunteer? YES NO If yes, please explain: _____

Allergies: _____

VOLUNTEER CONFIDENTIALITY AGREEMENT:

As a volunteer of Peace Neighborhood Center, you may have access to information about our program participants. This information must be kept strictly confidential. You are expected to refrain from conversing about program participants except where the exchange of such information is required during the performance of your volunteer duties. This includes discussing program participants by name or other identifiable attributes with family or friends. Volunteers who release information about Peace Neighborhood Center employees, clients, or their families without authorization are subject to immediate termination from our programs and could be subject to legal action. If you are uncertain about whether information is confidential, check with your supervisor or the Executive Director of Peace Neighborhood Center before discussing it with anyone. Signing this agreement means that you understand the above.

Signature

Date

VOLUNTEER EXPERIENCE:

Agency/Organization

Position/Responsibilities

Dates

_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDITIONAL INFORMATION:

Are you receiving school credit for volunteering? YES NO

Are you receiving community service credit for volunteering? YES NO

Are you volunteering as part of a group? YES NO

If yes, which one? _____

AVAILABILITY:

I can commit to (**check all that apply**):

___ full program year (September-June)

___ fall semester (September-December)

___ winter semester (January-April)

___ spring semester (April-June)

___ other: _____

TELL US A LITTLE ABOUT YOURSELF:

I AM... _____

I'D RATHER NOT... _____

I WANT YOU TO KNOW.... _____
