

Volunteer Application

Passavant Retirement Community

401 S. Main Street
Box 390
Zelienople, PA 16063-0390
724.453.5414

St. John Specialty Care Center

500 Wittenberg Way
Mars, PA 26046
724.625.4756

LIFE Beaver County

CenterPlace
131 Pleasant Dr., Suite 1
Aliquippa, PA 15001
724.378.5400

LIFE Butler County

231 West Diamond Street
Butler, PA 16001
724.287.5433

Please print

Last Name _____

First Name _____

Address _____

City _____

Zip Code _____

Home Phone# _____

Alternate Phone # _____

Best Time to Call _____

E-mail Address _____

Name of School (if currently attending) _____

Is this required for school? _____ If yes, please explain _____

Employment Record

Employer Name _____

Employer Phone # _____

Your Job Title _____

Does your employer offer a volunteer donation matching program? _____

What is your reason for volunteering? _____

How did you hear about our volunteer program? _____

Are you a member of an organization, group, or club? _____

Name of Organization (Optional) _____

Volunteer Experience:

Do you have previous volunteer experience? _____

Name of Organization _____

Volunteer Position Held _____

Skills and Experience:

Please check all that apply

- | | | |
|--|--|--|
| <input type="checkbox"/> Valid Drivers License | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Computer Skills |
| <input type="checkbox"/> Current CPR | <input type="checkbox"/> Creative Ideas | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Organizational Skills | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Musical Ability | <input type="checkbox"/> Work well with People | <input type="checkbox"/> Retail Experience |
| <input type="checkbox"/> Exercise/Fitness | <input type="checkbox"/> Clerical | <input type="checkbox"/> Office work |
| <input type="checkbox"/> Experience with the Elderly | <input type="checkbox"/> Communication Skills | <input type="checkbox"/> Arts and crafts |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Electronics | <input type="checkbox"/> Sports |

Other (please explain) _____

Availability (please note that LIFE Beaver and LIFE Butler's operational hours are M-F, 8:30-5:00pm) Please specify days and times you would be available to volunteer

Monday _____ Morning _____ Afternoon _____ Evening _____

Tuesday _____ Morning _____ Afternoon _____ Evening _____

Wednesday _____ Morning _____ Afternoon _____ Evening _____

Thursday _____ Morning _____ Afternoon _____ Evening _____

Friday _____ Morning _____ Afternoon _____ Evening _____

Saturday _____ Morning _____ Afternoon _____ Evening _____

Sunday _____ Morning _____ Afternoon _____ Evening _____

Time Commitment

How long of a commitment are you prepared to make? _____

(3 months, 6 months, 1 year, ongoing)

How often would you like to volunteer? _____

(Once a week, once a month, occasionally)

Are there any times of the year you are not available? _____
(such as vacation, out of town for holidays)

Emergency Contact Information

Who would you like us to contact in an emergency?

Name _____ Relationship _____

Phone Number _____ Alternate Phone Number _____

References:

Please list 2 references

Name _____ Organization _____

Phone Number _____ How do you know this person? _____

Name _____ Organization _____

Phone Number _____ How do you know this person? _____

Please share any other information about yourself that would help us with your placement as a volunteer (such as hobbies, skills, talents or other interests).

I here by authorize the Volunteer Manager or Community Outreach Coordinator to contact the above named references to ascertain my suitability as a volunteer.

Disclaimer: Because we take our responsibility for patients and residents seriously, it is the policy of this organization to screen all prospective staff and volunteers. While we try to place every prospective volunteer, management reserves the right to reject applicants.

Minors ages 13-18 are required to fill out a parental permission form. Children under 13 years of age may not volunteer independently.

Applications may be checked against public websites for screening purposes.

Signature of Applicant _____ **Date** _____