

## Volunteer Application Form

Thank you for your interest in volunteering with the Norristown Hospitality Center (NHC).

Volunteers play a vital role in the lives of those we serve. All volunteer applications are reviewed with consideration of current volunteer opportunities and needs of the center. The information you provide will be stored securely and confidentially. Only authorized staff will have access to your information.

### Personal Details

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth-date: \_\_\_\_\_  
Month / Day / Year

If you are volunteering with us and an emergency arises, whom should we contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

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Have you ever filed an application with us before? [ ] Yes [ ] No

If "Yes", give date \_\_\_\_\_

Have you ever volunteered/ been employed with us before? [ ] Yes [ ] No

If "Yes", give date \_\_\_\_\_

How did you find out about volunteering with the Norristown Hospitality Center?

(Ex: current client, Facebook page, website, church, former or current volunteer, etc.)

### Availability

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On what date would you be available for begin volunteering? \_\_\_\_\_

On what date will you terminate your volunteer position? \_\_\_\_\_

(Some opportunities demand a minimum time commitment)

Are you currently employed? Yes  No

May we contact your current employer? Yes  No

Do you have a valid driver's license? Yes  No

Do you have an insured, registered, and inspected automobile? Yes  No

Please specify times you are available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
HOURS AVAILABLE						

## Skills and Interests

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**Have you ever done any voluntary work before?**

Yes  No

If you answered yes, please tell us a little about the experience.

**Why do you want to volunteer with us?**

**Do you have any particular skills or qualities that you could use in your voluntary work?**

**Are you applying for a specifically advertised position?**

Yes  No

If yes, please specify : \_\_\_\_\_

**What area of voluntary work interests you?**

*We are open Monday through Friday from 7a.m to 4 p.m. Volunteers are not expected to work on holidays.*

- Kitchen volunteer (6:30 am - 9 am)
- Front Desk volunteer (8 am-12 pm)
- Pantry Organizing (anytime between 7 a.m. & 3 p.m.)
- Donation pickup
- Project Based Volunteering
- Other \_\_\_\_\_

## Equal Opportunities

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*NHC fully endorses a working environment free from discrimination and harassment. We consider applications for all positions without regard to race, color, sex, religion, national origin, age, marital status, veteran status, sexual orientation, the presence of a non-job related medical condition or handicap, or any other protected status. NHC is also are committed to standards of excellence in Child Protection practices. We run a background check of all potential volunteers and employees. We recommend you declare any offences below.*

- Are you now, or have you ever been addicted to alcohol? Yes  No
- Are you now, or have you ever been addicted to any illegal drugs? Yes  No
- Are you now, or have you ever had any mental health concerns? Yes  No
- Have you ever been convicted of a felony? Yes  No

If you answered yes to any of the above, please provide details below

- Do you have "Act 33" clearances NOT older than 60 days?\*
- Criminal History
- Child Abuse
- FBI

*\*Please note that all clearances cannot be dated 60 days or older prior to start date and must be submitted to the Executive Director prior to start date.*

### Employment History

Please start with your present or most recent employer.

<b>EMPLOYER (1)</b>	DATES EMPLOYED		<b>WORK PERFORMED</b>
ADDRESS	FROM	TO	
TELEPHONE	HOURLY RATE/SALARY		
JOB TITLE	STARTING	FINAL	
SUPERVISOR			
<b>EMPLOYER (2)</b>	DATES EMPLOYED		<b>WORK PERFORMED</b>
ADDRESS	FROM	TO	
TELEPHONE	HOURLY RATE/SALARY		
JOB TITLE	STARTING	FINAL	
SUPERVISOR			

## Education

	School Name/Location	Years Completed	Degree Awarded
High School			
Undergraduate/College			
Graduate/Professional			

## References

1.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Position: \_\_\_\_\_  
(If applicable)

Telephone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

E-Mail: \_\_\_\_\_

2.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Position: \_\_\_\_\_  
(If applicable)

Telephone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

E-Mail: \_\_\_\_\_

I declare that the information I have provided is true.

All my actions as a volunteer will reflect the ethos of Norristown Hospitality Center.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Volunteer Tour & Interview	_____	Added to ...
Volunteer Guide / Orientation received	_____	<input type="checkbox"/> Volunteer MasterList
Background Check # _____	_____	<input type="checkbox"/> Constant Contact
Volunteer Position	_____	<input type="checkbox"/> Bloomerang
Volunteer Start Date	_____	