

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

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Mobile) _____

E-Mail: _____

Social Security Number _____ - _____ - _____ Birth-date: _____
Day / Month / Year

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

Name: _____ Relationship: _____

Telephone: (Home) _____ (Mobile) _____

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

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

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., and Saturdays 8 a.m. to 12 p.m., including holidays

- Kitchen volunteer (6:30 a.m. - 9 a.m.)
- Floor Supervisor (7 a.m. - 11:30 a.m. & 12)
- Code Blue shelter supervisor (8 pm – 2 am/2 am – 8 am November to March)
- Mailroom (8 a.m. to 12 p.m.)
- Pantry Organizing (anytime between 8 a.m. & 3 p.m.)
- Project Based Volunteering
- Other _____

Equal Opportunities

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. If you do not have clearances, we will run a background check on your behalf.*

Education

| | School Name/Location | Years Completed | Degree Awarded |
|-----------------------------------|----------------------|-----------------|----------------|
| Last Level of Education Completed | | | |

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 Ministries Inc.

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 | _____ | |