



## Volunteer Application

NAME:		DOB:	CELL PHONE:	HOME PHONE:			
ADDRESS:		CITY:	STATE:	ZIP CODE:			
EMAIL:							
ARE YOU PRESENTLY A STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE?	MAJOR				
CURRENT COLLEGE LEVEL:	HOURS REQUIRED BY YOUR PROGRAM: (If community service)	REFERRAL SOURCE: <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> FRIEND / RELATIVE <input type="checkbox"/> WALK IN <input type="checkbox"/> TEACHER <input type="checkbox"/> OTHER					
EMPLOYER:	OCCUPATION:	BUSINESS PHONE:					
LIST AND DESCRIBE ANY PREVIOUS VOLUNTEER EXPERIENCE YOU MAY HAVE:		PLEASE INDICATE WHICH AREA PICKERING MANOR YOU ARE INTERESTED IN VOLUNTEERING WITH:  <input type="checkbox"/> SPECIAL EVENTS <input type="checkbox"/> OFFICE WORK <input type="checkbox"/> RESIDENT INTERACTION / SUPPORT FOR RESIDENT ACTIVITIES					
LIST ANY INTERESTS, HOBBIES OR SKILLS YOU HAVE:							
TYPE OF VOLUNTEERING DESIRED:  <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> TEMPORARY <input type="checkbox"/> COMMUNITY SERVICE							
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO OCCUPATION:							
MAY WE CONTACT YOUR WORK FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO							
CONTACT NAME AND NUMBER:							
SHIFT	MON	TUE	WED	THURS	FRI	SAT	SUN
MORNING							
AFTERNOON							
EVENING							
REFERENCES: (someone from the community or work / please do not use a relative)							
Name:		Relation:		Phone:			
Name:		Relation:		Phone:			
Emergency Contact:		Relation:		Home Phone:			
				Work Phone:			
Have you ever been convicted of a felony or misdemeanor within the past (7) years: <input type="checkbox"/> NO <input type="checkbox"/> YES							

Explain:

\*All volunteers will be subject to a criminal history background clearance.

\*\* A Criminal Arrest & Conviction record search is made of all prospective volunteers of Pickering Manor. A conviction or arrest record is not necessarily a bar to acceptance as a volunteer; factors such as age at the time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account. However, concealment of any conviction on this application shall be cause for discharge whenever discovered.

**Signature:** (By signing this application I acknowledge the above information is true and correct)

**Date:**

Pickering Manor fully complies with the Age Discrimination in Employment Act of 1968 and the Civil Rights Act of 1964 which prohibits employment discrimination based on race, color, creed, sex, age, national origin, physical disability or veteran status. EOE

Please explain your interest in volunteering for Pickering Manor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Available start date: \_\_\_\_\_

**Policy on Tipping**

Pickering Manor values each and every volunteer member as an integral part of its quality team. There are team members who are visible on a daily basis and those who are never seen. However, everyone is needed to provide our services.

Volunteer members are instructed to refuse any tip or other gift offered to them by a resident or any family member, including any gift of money or property made to a volunteer under a resident's will. Acceptance of money or any other gift is in violation of this policy and will result in discharge.

I have read the aforementioned policy on tipping and gifts. I agree not to accept any tip or other gift made to me, including any money or property made to me under a will or otherwise from any resident or family member. I acknowledge that violation of this agreement will be grounds for immediate termination.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Policy and Procedure Confidentiality**

Information concerning any resident's identity, diagnosis, family problems or lifestyle is considered confidential and shall not be discussed or otherwise passed on to any individual outside of the Pickering Manor Community.

I have read and understand the policy stated above. As a volunteer, I accept its provisions both while I am a volunteer and after I leave the volunteer program at Pickering Manor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Pickering Manor is a non-profit organization.*

*Thank you for completing our volunteer application. Once the application is reviewed we will contact you to discuss any opportunities that will match your skills.*

**We appreciate your interest in Pickering Manor. If you have any questions, contact Kelly Moyer, Volunteer Coordinator, at 215-968-3878 Ext. 1127. Once completed, you can scan this application and email [kmoyer@pickeringmanor.org](mailto:kmoyer@pickeringmanor.org) or fax to (215) 968-8894.**