

Orion Communities

Volunteer Application

Name: _____ Date: _____
Address: _____ Home Phone: _____
City: _____ State: ____ Zip: _____ Cell Phone: _____
Email: _____ Work Phone: _____
Social Security/Driver's License #: _____ Date of Birth: _____
In Case of Emergency Contact:
Name: _____ Phone: _____ Relationship: _____

Do you speak any other language fluently, or do you know sign language?

AVAILABILITY & INTEREST

Days of the Week & Times Available: _____

Number of Hours You Would Like to Volunteer at Orion: _____

Beginning/End Dates You Would Like to Volunteer at Orion: _____

What kind of work would you like to do for Orion? *(Please mark as many as apply, and/or write in your own idea.)*

Fundraising	Grant Writing	Office Work	Mailings	Children's programs Literacy/STEM
Financial Empowerment	Event Planning			

Other: _____

How did you learn about the work that Orion does for the community?

Why would you like to volunteer for Orion?

What do you hope to gain from your volunteer experience at Orion?
(You may include special skills and/or knowledge that you hope to gain.)

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REFERENCES

Name	Relationship	Phone	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BACKGROUND

Do you have any health conditions that would limit your participation in certain activities? Yes No
If yes, please explain limitations and/or activity restrictions. *Health limitations do not disqualify a volunteer. This information helps us to make any necessary accommodations.*

Have you ever been convicted for law violations (including traffic violations): Yes No
If yes, please explain (include date, charge and sentence).

SIGNATURE

My signature below confirms that all the information in this application is true, complete and correct to the best of my knowledge and belief. I understand that these statements are subject to verification. I understand that falsification of this information may disqualify me from consideration or result in dismissal upon discovery.

Signature: _____ Date: _____

23 Pa. C.S. Section 6344.2 (relating to volunteers having contact with children) requires that all prospective volunteers must obtain the following clearances: Criminal History from the Pennsylvania State Police; Child Abuse History Clearance from the Department of Human Services; and fingerprint based federal criminal history (FBI) submitted through the State Police or Authorized agent. If you have lived in PA for the last 10 years, you may sign the Disclosure Statement Application for Volunteers.