



Lenape Valley Foundation

500 N. West St • Doylestown, PA 18901 • (215) 345-5300 • www.lenapevf.org • info@lenapevf.org

Volunteer Application

We are an equal opportunity employer. We do not discriminate because of race, creed, color, religion, gender, marital status, age, sexual orientation, national origin, veteran status, disability or any other basis prohibited by law.

VOLUNTEER APPLICATION PROCEDURES: READ CAREFULLY

For this volunteer application to be reviewed and processed, it must be complete, legible and filled out by the applicant him/herself. If you are unable to complete this volunteer application form yourself, assistance is available in Human Resources.

Please print all information.

Date of Application: _____

PERSONAL DATA

Name – Last	First	Middle	Social Security Number	
Address - Number	Street	City	State	Zip Code
Home Telephone:		Cell Telephone:		
Daytime Telephone:		Email Address:		

VOLUNTEER POSITION DESIRED

Volunteer Position Requested:	Date Available	Hours Available
Availability to volunteer: (check all that apply)		
<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Rotating <input type="checkbox"/> On Call <input type="checkbox"/> Holidays		
Have you ever applied or ever been interviewed for employment with Lenape Valley Foundation?		
<input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, when & where?		
Have you ever worked for or performed services for Lenape Valley Foundation? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, when & where?		

EDUCATION AND SKILLS

Type of School	School/City/State	Area of Concentration or Major/Minor	Did you Graduate?	Degree Obtained
High School/GED				
College				
Other				

Area of special training, skills, hobbies:

List professional groups or organizational memberships:

Have you resided in the state of Pennsylvania for two or more years prior to the date of this application?

YES NO

Have you ever been convicted of a crime, felony or misdemeanor, which has not been annulled, expunged or sealed by a court?

YES NO If yes, please explain:

Do you have a history of or a conviction of a violent crime?

YES NO If yes, please explain:

Have you ever been dismissed from any employment due to abuse of clients, residents or patients?

YES NO If yes, please explain:

EMPLOYMENT HISTORY

CURRENT OR MOST RECENT EMPLOYER

Name of Employer	Dates of employment: From: _____ To: _____	Position Title	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time _____ Hours/Week
Address:	Key Job Duties/Responsibilities:		Supervisor:
Phone:			Reason for Leaving:
May we contact this Employer for job verification and reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

WHAT EXPERIENCES HAVE YOU HAD THAT MAY PREPARE YOU TO WORK AS A VOLUNTEER IN THE FIELD WITH PERSONS WITH MENTAL ILLNESS, INTELLECTUAL DISABILITIES AND DEVELOPMENTAL DELAYS OR DISABILITIES WITH LENAPE VALLEY FOUNDATION?

WHY DO YOU WANT TO VOLUNTEER AT LENAPE VALLEY FOUNDATION? WHAT DO YOU WANT TO GAIN FROM THIS VOLUNTEER EXPERIENCE?

REFERENCES

List three individuals who know you well and can attest to your character, skills and dependability.

Name / Organization	Address/City/State/Zip	Telephone	Relationship and Years Acquainted

Please read the following carefully before signing this Volunteer Application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity.

I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Lenape Valley Foundation that is true, correct and complete to the best of my knowledge.

I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Lenape Valley Foundation.

I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Lenape Valley Foundation or my termination as a volunteer.

Signature: _____

Date: _____

Please return this form by mail: 500 N. West Street, Doylestown, PA 18901; fax 267-893-5380 or e-mail info@lenapevf.org.