

Volunteer Application
Mennonite Home Communities
1520 Harrisburg Pike, Lancaster, PA 17601

Name _____ Phone _____ Cell _____

Address _____ City/Zip _____ Date of Birth _____

E-mail address _____

I wish to volunteer: weekly _____ twice weekly _____ monthly _____ other _____

I can volunteer: morning _____ afternoon _____ Day(s) preferred: _____

What clubs or organizations do you belong to: _____

Education/training that relates to your volunteering interest: _____

Previous experience as a volunteer: _____

List hobbies, skills, special training or volunteer experience you would like to use:

If a student, are you 13 years old or older? _____ Please list year you will graduate _____

Name of School you are attending _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, explain _____

Have you lived in Pennsylvania for more than 2 years _____

List name & phone number of two references other than family members: _____

Ways in which you wish to serve: please check

- | | |
|---|--|
| <input type="checkbox"/> In-house wheelchair transport to: | <input type="checkbox"/> Volunteer in the Gift Shop |
| <input type="checkbox"/> Physical Therapy appointments | <input type="checkbox"/> Caring Friend (Visiting our residents) |
| <input type="checkbox"/> Beauty Shop appointments | <input type="checkbox"/> Read or write for a resident |
| <input type="checkbox"/> Sunday Morning Chapel Services | <input type="checkbox"/> Play games with residents |
| <input type="checkbox"/> Bringing Residents to Arts & Crafts | <input type="checkbox"/> Take residents outside for a walk |
| <input type="checkbox"/> Assist Residents with Arts & Crafts | <input type="checkbox"/> Pet Visitation |
| <input type="checkbox"/> Provide a vocal or instrumental talent | <input type="checkbox"/> Help feed a resident (add. training) |
| <input type="checkbox"/> Help with pre-planned activities | <input type="checkbox"/> Assist in the library |
| <input type="checkbox"/> Special Events/Parties | <input type="checkbox"/> Teach Basic Computer Skills
(E-mail, internet search...) |

Notify in case of emergency:

Name _____ Phone _____ Cell _____

Address _____ Relationship _____

I understand that in order to process this application, I must also agree to a Criminal Background check or a FBI Fingerprinting check if I have not lived in this state for more than 2 years.

There will be no cost to me for processing these forms.

Volunteer Signature _____ Date _____