

# VOLUNTEER APPLICATION

OFFICE USE ONLY	
Initial Contact Date:	_____
Interview Date:	_____
Follow-up Date:	_____
Start Date:	_____

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Special Skills: \_\_\_\_\_

Special Interests: \_\_\_\_\_

**Volunteer Interests:** (Check appropriate categories below)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Advocacy           | <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Bulk Mailings           |
| <input type="checkbox"/> Carpentry          | <input type="checkbox"/> Clerical Assistant | <input type="checkbox"/> Committee Work          |
| <input type="checkbox"/> Companion          | <input type="checkbox"/> Crafts             | <input type="checkbox"/> Data Entry              |
| <input type="checkbox"/> Errands/Purchasing | <input type="checkbox"/> Field Trip Aide    | <input type="checkbox"/> Food Service            |
| <input type="checkbox"/> Fundraising        | <input type="checkbox"/> Gardening          | <input type="checkbox"/> Organize Donations      |
| <input type="checkbox"/> Painting           | <input type="checkbox"/> Photo/Videography  | <input type="checkbox"/> Public Speaking         |
| <input type="checkbox"/> Recreation         | <input type="checkbox"/> Special Events     | <input type="checkbox"/> Transportation/Delivery |
| <input type="checkbox"/> Tutoring           | <input type="checkbox"/> Writing/Editing    | <input type="checkbox"/> Other                   |

**Your Age:** under 13 \_\_\_\_\_ 14-17 \_\_\_\_\_ 18-59 \_\_\_\_\_ 60+ \_\_\_\_\_

**Brief Description of past volunteer activities:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for seeking volunteer opportunities: \_\_\_\_\_

If you are volunteering to fulfill required hours, how many are needed? \_\_\_\_\_

When must they be completed? \_\_\_\_\_

Length of commitment you are interested in:

\_\_\_\_ Long-Term (6 weeks+) \_\_\_\_ Short-Term (1-6 weeks) \_\_\_\_ One Time Project/Events

Times Available (check which days/hours you would like to volunteer):

\_\_\_\_ Weekly \_\_\_\_ Monthly

Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How did you find out about Bell? \_\_\_\_\_

List three references:

1. \_\_\_\_\_  
(Name) (Address or Email) (Phone)
2. \_\_\_\_\_  
(Name) (Address or Email) (Phone)
3. \_\_\_\_\_  
(Name) (Address or Email) (Phone)

Please return completed application to:

**Community Engagement Office  
Bell Socialization Services, Inc.  
160 S. George Street  
York, PA 17401**

Someone from Bell will call regarding your interests and availability to help you start in a volunteer position soon. **Questions? Call (717) 848-5767 x515**