VOLUNTEER APPLICATION



226 N. Lincoln Avenue Newtown, PA 18940

We consider applicants for all positions without regard to race, color, religious creed, handicap, ancestry, national origin, primary language, inability to communicate verbally, age or sex.

Last Name		First Name		Middle Name
~		~	~	
Street Address		City	State	Zip Code
Birth Date		Marital Status		
		Markar Status		
Business Address		City	State	Zip Code
Current Occupation				
Name of Spouse		Number of Childr	ren at Home (Give Ages)	
Telephone Number(s)	Home: Cell:			
IN CASE OF EMERGEN	NCY, Contact:			
Relationship:		Phone:		
Have you been convicted	•			_YesNo
Conviction will not neces	• • •		-	
If Yes, please explain:				
Have you been a resident	of Penneylyania f	for two (2) years?		Yes No
		101 two (2) years?		I CS INO

EMPLOYMENT EXPERIENCE

START WITH YOUR PRESENT OR LAST JOB. INCLUDE ANY JOB-RELATED MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES. YOU MAY EXCLUDE ORGANIZATIONS WHICH INDICATE. RACE, COLOR, RELIGIOUS CREED, HANDICAP, ANCESTRY, NATIONAL ORIGIN, PRIMARY LANGUAGE, INABILITY TO COMMUNICATE VERBALLY, AGE OR SEX.

•		+
Employer:	 	
Street Address:	 	
Job Title:	 	
Supervisor:		
	To:	
	Ending Salary:	
Reason for Leaving:	 	
•		
Employer:		
Telephone Number:	 	
Job Title:	 	
Supervisor:	 	
	To:	
	Ending Salary:	
Reason for Leaving:	 	
+		+
Employer:		
Street Address:	 	
Telephone Number:	 	
Job Title:	 	
Supervisor:	 	
	To:	
	Ending Salary:	
Reason for Leaving:	 	

EDUCATION

	Name & Address Of School	Course of Study	Years Completed	Diploma/ Degree
Elementary School				
High School				
Graduate/ Professional				
Other (Specify)				

List any Special Education or Training which you feel is relevant to working with Nu	rsing Home	Patients
List Hobbies, Skills, Special Interests		
List Community Group Affiliations (Clubs, Councils, Committees, Church, etc)		
List Type of Activities Preferred		
Days Preferred for Routine Work		
Hours Preferred for Routine Work		
If fulfilling a requirement, how many hours are you required to fulfill?		
Would you consider volunteering for special events?	Yes	No
Do you drive?	Yes	No
Is transportation available?	Yes	No

SIGNATURE:	
DATE OF APPLICATION:	