IMPACT THRIFT STORES, INC. VOLUNTEER APPLICATION

VOLUNTEER PROGRAM APPLIED FOR	☐ GENERAL	☐ SCHOOL PROGRAM	☐ SPECIAL NEEDS
		(Court ord	ered volunteers – <u>use CSW application - not this</u>
1. PERSONAL INFORMATON		Birthday (Month & Day)/Age (if	Today's
		Birtilday (Month & Day) <u> </u>	
		(PRINT CLEARLY)	
		Telephone	
		SUPERVISOR:	
			·····
PHONE #:			
3. SPECIAL NEEDS – To be comp		representative (If not applying for Special	
a. Agency	Agen	ncy Contact	Telephone
b. Other		Expected	d duration
c. Job Coach provided? YES	□ NO	Please attach agency's request/comm	itment letter and emergency contact form
	re		
AVAILABILITY I'm generally available to volunte	er on Ichael all the	t apply) □ Mondays □ Tuesdays □ Wedn	echave Thursdaye Eridaye Catur
		☐ Mornings ☐ Afternoons	☐ Evenings ☐ Flexible
Do you require any accommod	dations to perfor	m certain types of work?	
. WORK EXPERIENCE			
<i>Employer</i> (current ☐ Yes ☐ No)			
Address			
			Start Date End Date
Phone Number:		Supervisor:	
Job Duties:			
VOLUNTEER EXPERIENCE			
Organization		Organization	
Address/Location		Address/Location	
Phone Number:		Phone Number:	
Supervisor: Job Duties:		Supervisor: Job Duties:	
7. How did you hear about Impa	ct Thrift?		
		Phone #	
sissiidi Nererencesi Nanie		Phone #	
		en on this application is accurate and tru or my own public service, religious, or hu	
		for court-ordered community service) . I fu	
-		ntact Volunteer Coordinator, <u>volunteer</u>	_
For volunteers under 18-ye	ars-old only:		
Printed Name of Parent	Si	ignature	Phone # Volunteers, Please Complete page

IMPACT THRIFT STORES, INC. VOLUNTEER RELEASE

This Release involves (PRINT NAME) Thrift Stores, Inc. (Impact Thrift).		(Volunteer) in relation to Impact			
1. Volunteer wishes to volunteer his/her ti	me and effort to help Impact	Thrift in its charitable purposes.			
2. Volunteer certifies that he/she is in good processing of thrift store merchandise do		e to participate in the normal activities of			
3. Volunteer acknowledges that his/her parisk of bodily injury and the possibility of	rticipating in the processing opermanent disability and/or	of thrift store merchandise donations involves a death.			
		rovided for Volunteer and he/she accepts full f all expenses in the absence of such insurance			
5. Impact shall train Volunteer in the activi Impact shall provide supervision of such a		g of thrift store merchandise donations, and cicipation.			
successors, assigns, directors, officers, ag demands, and damages which Volunteen officers, agents and employees, by reaso	gents and employees from an r has or may have against Imp n of any loss resulting from p	ever releases and discharges Impact and its y and all manner of actions, lawsuits, claims, pact, and its successors, assigns, directors, ersonal injury, death or damage to personal of Volunteer's participation in Impact Thrift's			
	of Volunteer to follow Impac	es of Conduct and/or to terminate Volunteer's t's Rules of Conduct, or for actions or conduct			
8. Volunteer gives Impact Thrift permission CHECK ONE:YESNO	n to use photos of Volunteer	in Impact Thrift marketing materials-			
 Volunteer or his/her Parent/Guardian had legally bound. I have signed this Release on the 		wingly, willingly and voluntarily, intending to be, 20			
Printed Name of Volunteer	Signature				
Home Address					
Phone Number	E-mail - PRINT CLEARLY				
Emergency Contact Name & Phor	ne:				
<u>For vo</u>	lunteers under 18-year	rs-old only:			
Printed Name of Parent	Signature	Phone #			
Group / Agency Name	Supervisor Name	Phone #			

PENNSYLVANIA STATE POLICE REQUEST FOR CRIMINAL RECORD CHECK VOLUNTEER ONLY

1-888-QUERYPA (1-888-783-7972)

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. <u>A response may take four weeks or longer.</u>

TRY OUR WEBSITE FOR A QUICKER RESPONSE https://epatch.state.pa.us

REQUESTER NAME	
NAIVIE	VOLUNTEER COORDINATOR-
	IMPACT THRIFT STORES
ADDRESS	
	201 PROGRESS DRIVE
CITY/STATE/ ZIP CODE	
ZII CODE	MONTGOMERYVILLE, PA 18936
TELEPHONE NO.	
(AREA CODE)	267-387-0030

AFTER COMPLETION MAIL TO:	_
PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – RCPU 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758	

SUBJECT OF								
(FIRST)	(MIDDLE)	(LAST)	(LAST)					
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX	RACE				
VOLUNTEER'S AGENCY/ORGANIZATION (MANI	TELEPHONE NUMBER	TELEPHONE NUMBER						
The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only.								
By signing this form, I verify that I am submitting this request for criminal history record information in connection with my status as an unpaid volunteer. I understand that the \$8 fee is being waived because of my status as an unpaid volunteer.								
REQUESTER SIGNATURE (*Signatur	e required for processing*)	DATE						
WARNING: 18 Pa.C.S. 4904(b) UNDER PENALTY OF LAW - MISIDENTIFICATION OR FALSE STATEMENTS OF IDENTITY TO OBTAIN CRIMINAL HISTORY INFORMATION OF ANOTHER IS PUNISHABLE AS AUTHORIZED BY LAW.								