

VOLUNTEER PROGRAM APPLIED FOR

GENERAL

SCHOOL PROGRAM

SPECIAL NEEDS

(Court ordered volunteers – use CSW application - not this one)

1. PERSONAL INFORMATION

Name _____ Birthday (Month & Day) ___/___/___ Age (if under 18) _____ Today's Date _____
 a. Address _____ Town _____ State _____ Zip _____
 b. Telephone _____ Email (PRINT CLEARLY) _____
 c. Emergency Contact _____ Telephone _____

2. SCHOOL OR GROUP: _____ **SUPERVISOR:** _____

PHONE #: _____

3. SPECIAL NEEDS – To be completed by agency representative (If not applying for Special Needs Volunteer Program, skip to 4)

a. Agency _____ Agency Contact _____ Telephone _____
 b. Other _____ Expected duration _____
 c. Job Coach provided? YES NO **Please attach agency's request/commitment letter and emergency contact form.**
 Agency Representative signature _____

4. AVAILABILITY

I'm generally available to volunteer on (check all that apply) Mondays Tuesdays Wednesdays Thursdays Fridays Saturdays
 Mornings Afternoons Evenings Flexible

5. Do you require any accommodations to perform certain types of work? _____

6. WORK EXPERIENCE

Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)		
Address	Start Date	End Date
Phone Number:	Supervisor:	
Job Duties:		

VOLUNTEER EXPERIENCE

Organization
Address/Location
Phone Number:
Supervisor:
Job Duties:

Organization
Address/Location
Phone Number:
Supervisor:
Job Duties:

7. How did you hear about Impact Thrift? _____

8. Personal References: Name - _____ Phone # _____
 - _____ Phone # _____

I certify and acknowledge that the information given on this application is accurate and true to the best of my knowledge. I also acknowledge that I seek a volunteer opportunity for my own public service, religious, or humanitarian objectives, and not under compulsion or other condition (this may not apply for court-ordered community service). I further acknowledge that I seek to volunteer without contemplation of pay. For information contact Volunteer Coordinator, volunteer@impactthrift.org 267-387-0030, x 3065

For volunteers under 18-years-old only:

Printed Name of Parent _____

Signature _____

Phone # _____

Volunteers, Please Complete page 2 & 3.

**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. A response may take four weeks or longer.

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

FOR CENTRAL REPOSITORY USE ONLY CONTROL NUMBER
AFTER COMPLETION MAIL TO: PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – RCPU 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758

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

SUBJECT OF RECORD CHECK				
(FIRST)	(MIDDLE)	(LAST)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX	RACE
VOLUNTEER'S AGENCY/ORGANIZATION (MANDATORY)		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 (*Signature required for processing*)	DATE
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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.