



Chartiers Center
437 Railroad St., Bridgeville, PA 15017
Volunteer Interest Form

Name _____ Are you 18 yrs. or older? _____ Date _____

Address _____ Zip Code _____

Phone (h) _____ (w) _____ (c) _____ email address _____

Occupation _____ Employer _____

Employer Address _____ Dates of Employment _____

Highest level of education: (circle one) HS College 1 2 3 4 Degree _____

College/Technical School _____ Major/area of study _____

How did you hear about Chartiers Center? _____

To comply with HIPAA regulations has anyone in your family received services from Chartiers Center?

_____ yes _____ no _____ I chose not to answer

Do you have any previous experience working with our clients or a special needs population? _____

Please specify any past or present volunteer experience _____

List any skills, hobbies or certifications _____

Indicate your volunteer preference:

_____ Direct Service (volunteering one to one or in a small group with clients)

If yes, which population? _____ mental health _____ intellectual disabilities _____ unsure

_____ Clerical (filing, data entry, etc.) Do you have computer skills? _____ yes _____ no

If yes, what software programs are you familiar with? _____

Indicate your availability:

What time are you available to volunteer? _____ day _____ evening _____ weekend

Are you available on a regular basis? _____ days per week _____ days per month _____ on call

Would you prefer one time/occasional activity (these are scheduled in advance)? _____ yes _____ no

(Continued)

Interest and Special Skills:

Interest and hobbies you would like to share: _____

List any professional or service organizations you belong to: _____

Are you volunteering in affiliation with an organization or special program (ex. school, scouts, church, youth group etc.?) _____

Misc:

Have you ever been convicted of a felony or misdemeanor? _____ yes _____ no

Are you currently on probation? _____ yes _____ no

If you answered **yes** to any of the previous questions, please explain in detail (a yes will not bar you from volunteering.)

Will this volunteer placement fulfill any requirements for college classes? _____ yes _____ no

If yes, list instructor's name, department, phone and/or email _____

Please provide two references (not relatives)

1. _____
Name Address phone and/or email

2. _____
Name Address phone and/or email

I have completed the application process and acknowledge that all the information I provided was true. I give permission to Chartiers Community Mental Health and Retardation Center to verify any information, which may include criminal background checks, to determine volunteer eligibility. Applicants who provide false information shall be disqualified or terminated from volunteering with Chartiers.

Volunteer Signature

Date

FOR OFFICE USE ONLY

Interview Date _____ Copy of driver's license/photo ID _____

Criminal Clearance Mailed _____ Received _____ Approved _____

Review Volunteer Handbook _____ Sign Volunteer Description _____

HIPAA Training _____

Physical (if required) _____

Comments _____