



DATE: _____

INT. BY _____

APPLICATION FOR VOLUNTEER SERVICE

NAME _____ BIRTHDATE _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____

EMERGENCY CONTACT NAME _____ PHONE _____

IF MINOR: PARENT/ GUARDIAN NAME _____ PHONE _____

PLEASE TELL US ABOUT YOURSELF AND WHY YOU ARE INTERESTED IN VOLUNTEERING WITH PA-NH

PROFESSIONAL EXPERIENCE (PAID OR VOLUNTEER) AND/OR CAREER INTERESTS _____

SPECIAL SKILLS OR TALENTS _____

SPANISH PROFICIENCY? _____

DO YOU HAVE A PHYSICAL OR PSYCHOLOGICAL CONDITION OR HANDICAP THAT MAY AFFECT YOUR ABILITY TO PERFORM CERTAIN VOLUNTEER ASSIGNMENTS? YES NO

IF YES, PLEASE EXPLAIN _____

AVAILABILITY (circle all that apply): Weekdays / Evenings / Weekend ESTIMATED HOURS/WEEK: _____

I HEREBY AGREE TO VOLUNTEER WITHOUT PAY AT PROJECT ACCESS NEW HAVEN. I UNDERSTAND THAT AS PART OF THE ORIENTATION PROCESS ALL VOLUNTEERS WILL RECEIVE INFORMATION REGARDING THE UNIVERSAL PRECAUTIONS PROCEDURES AS WELL AS OTHER SAFETY ISSUES.

SIGNATURE _____ DATE _____

IF MINOR: PARENT/GURADIAN SIGNATURE _____ DATE _____

**- PLEASE SEND YOUR COMPLETED APPLICATION TO THE ADDRESS, FAX, OR EMAIL LISTED BELOW -
THANK YOU FOR YOUR INTEREST IN VOLUNTEERING WITH PA-NH!**