



Spina Bifida Association of Western Pennsylvania

1158 Dutilh Road Mars, PA 16046 (724)934-9600

Volunteer Application

Today's Date: _____ **Volunteer Position Applying for:** _____

Applicant's Information	
Applicant's Name	
SS#	
Date of Birth	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Do you have a PA driver's license? No Yes, license # _____

In Case of Emergency, Please Notify:	
Name	
Relationship to applicant	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Have you applied to SBAWP before? No Yes, if so, when _____

Have you worked for SBAWP before? No Yes, if so, when _____

Have you ever been convicted of a felony in the past seven years? No Yes

Can you swim? No Yes Are you able to do lifting and/or strenuous activity? No Yes

How did you hear about the Spina Bifida Association of Western Pennsylvania (SBAWP)?

What experience, skills, and /or talents do you have that would be beneficial to the SBAWP?

Do you have your Act 33/34 Clearances No Yes,
If yes, please provide copies to SBAWP.

Volunteer Interest Areas		
Accounting <input type="checkbox"/> No <input type="checkbox"/> Yes	Auto Maintenance <input type="checkbox"/> No <input type="checkbox"/> Yes	Carpentry <input type="checkbox"/> No <input type="checkbox"/> Yes
Electrical <input type="checkbox"/> No <input type="checkbox"/> Yes	Floor Care <input type="checkbox"/> No <input type="checkbox"/> Yes	Human Resources <input type="checkbox"/> No <input type="checkbox"/> Yes
Information Tech. <input type="checkbox"/> No <input type="checkbox"/> Yes	Landscaping <input type="checkbox"/> No <input type="checkbox"/> Yes	Marketing <input type="checkbox"/> No <input type="checkbox"/> Yes
Masonry <input type="checkbox"/> No <input type="checkbox"/> Yes	Medical <input type="checkbox"/> No <input type="checkbox"/> Yes	Plumbing <input type="checkbox"/> No <input type="checkbox"/> Yes

Availability	
During which hours <input type="checkbox"/> are you available for volunteer assignments?	
___ Weekday mornings	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
___ Weekday afternoons	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
___ Weekday evenings	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
___ Weekend mornings	<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
___ Weekend afternoons	<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
___ Weekend evenings	<input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday

Education				
	School Name	Years Completed	Graduated?	Major
	Middle School			
	High School			
	College/University			
	Graduate/Specialty School			

Occupational/Volunteer History						
List all jobs held with most recent experience first.						
Employer	Address	Job Title	Duties	From	To	Salary

References			
Please list two people (not relatives) as professional references. Professional references should be people who have had an opportunity to evaluate your work skills and character in a professional working, academic, or civic activity environment. Professional references do not include friends, teammates, or family members.			
Name	Occupation	Mailing Address	Phone

Applicant's Statement	
I certify that the answers given herein are true to the best of my knowledge. I authorize investigation of all statements contained in this application for volunteering as may be necessary in arriving at a decision. I understand that this application is not intended to be a contract for employment. I understand that I will be required to obtain at my expense Act 33/34 clearances.	
In the event that I am asked to volunteer, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Spina Bifida Association of Western Pennsylvania.	
Name (printed)	
Signature	
Date	

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, marital status, or presence of non-job related medical condition or disability.

Thank you for completing this application form and for your interest in volunteering with us.