Volunteer Application
Volunteer Application
(Please Print)

Date ________________________________

Title: Mr. _____ Mrs. _____ Ms. _____

Name _________________________________________________________________________________________

Address ________________________________________________________________________________________

City _______________________________________________________ State __________ Zip ____________

Home Phone ___________________ Cell Phone ___________________ Work Phone ___________________

Email Address __________________________________________________ Birthday _______________________

Are you 13 years or older?  □ Yes □ No

I am: □ Employed □ Retired □ Unemployed □ Student

Skills and Interests _______________________________________________________________________________
________________________________________________________________________________________________

Have you volunteered before? □ Yes □ No

If yes, where/what did you do? ____________________________________________________________________
________________________________________________________________________________________________

Why would you like to volunteer at Messiah Lifeways? _______________________________________________
________________________________________________________________________________________________

Are you volunteering to fulfill a requirement for your church/school/organization? □ Yes □ No

If yes, what is the name of the church/school/organization requiring hours? ____________________________
________________________________________________________________________________________________

Number of Hours Needed ________________ Deadline to have hours completed _____________________

What expectation do you have from volunteering? __________________________________________________
________________________________________________________________________________________________

How often would you like to volunteer? □ Weekly □ Bi-weekly □ Monthly
Days of week/times of day you are usually available for volunteering __________________________________
________________________________________________________________________________________________

Will you need any special accommodations for volunteer service? □ Yes   □ No
________________________________________________________________________________________________

Emergency Contact: ____________________________________________
Name
_____________________________________________________________________________
Address
_____________________________________________________________________________
Phone Number Relationship

Please list two people not related to you who would be willing to serve as a personal reference:
Name Address Phone number
_____________________________________________________________________________  ____________________________________________

Criminal Background Checks will be conducted for volunteer applicants to aid in minimizing risk to residents, clients, employees, visitors and the property of Messiah Lifeways. In order to perform this check, we will need your social security number. Your social security number will be kept in a secure location and only used for criminal background check purposes.

Will you authorize Messiah Lifeways to complete a Criminal Background? □ Yes   □ No

Social Security # □ □ □ – □ □ – □ □ □ □

Have you ever been convicted of a crime involving abuse, fraud, any felony, or any misdemeanor involving theft and/or have you been dismissed from employment due to abuse of clients or residents? □ Yes   □ No

If yes, please explain _____________________________________________________________________________

Applicant’s Statement

I certify that answers given herein are true and complete to the best of my knowledge. I understand that I am required to abide by all rules and regulations of Messiah Lifeways. I voluntarily give Messiah Lifeways the right to make a thorough investigation, to contact and obtain information from all references, and to otherwise verify the accuracy of the information contained in this application. I hereby release Messiah Lifeways and its representatives from all liability and responsibility for seeking, gathering and using such information, and all persons, companies or corporations for furnishing such information.

I have read and fully understand the foregoing and seek volunteering opportunities under these conditions.

________________________________________________  ____________________________________________
Signature of Applicant                                                                    Date
Mission
We are a ministry that responsibly enhances the lives of older adults with Christ-like love.

Core Values
Act Courageously
Live Responsibly
Decide Collaboratively
Speak Kindly
Love Generously

If mailing, send to:
Messiah Lifeways Volunteer Department
100 Mt. Allen Drive
Mechanicsburg, PA 17055
Phone Number: 717.790.8203
MessiahLifeways.org/volunteer