

Project

The Center for Family Assistance and Literacy

320 Ferry Street
Easton, PA 18042

Volunteer Application

Name: _____
Last First Middle

Address: _____
Street City, State Zip Code

Telephone: _____
Home Work Mobile

E-Mail Address: _____

Date of Birth (year not necessary): _____
Month / Day / Year

Clearances:

- PA Child Abuse
- PA Criminal History

Check below special skills that may apply:

- Interested in serving on a committee
- Public speaking skills
- Case management experience
- Clerical/ office skills
- Experience managing a multi-line phone
- Teaching/ classroom experience (please explain):

 Speak another language (please list language and ability):

 Computer skills (list programs in which you are proficient):

 Other skills that might be helpful to us (please explain):

Check below areas in which you would be willing to volunteer and indicate level of interest (1= most interested, 2 = second choice, 3 = third choice, etc.):

- ____ Receptionist (answer phones/greet visitors)
- ____ Special Events
- ____ Annual Fundraiser Committee
- ____ Highmark Blue Cross Blue Shield Walk for a Healthy Community
- ____ Bulk mailings, (November, March and/or October)
- ____ Literacy/Adult Basic Education One-on-One Tutoring
- ____ Literacy/Adult Basic Education Small Group Tutoring
- ____ Summer Hours Only
- ____ Public Speaker (must be a volunteer for at least one year)
- ____ Food Pantry
- ____ Other Clerical/Office help
- ____ Other (please explain)_____

Times Available to Volunteer

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning ____ to ____	Morning ____ to ____	Morning ____ to ____	Morning ____ to ____	Morning ____ to ____	Morning ____ to ____	Morning ____ to ____
Afternoon ____ to ____	Afternoon ____ to ____	Afternoon ____ to ____	Afternoon ____ to ____	Afternoon ____ to ____	Afternoon ____ to ____	Afternoon ____ to ____
Evening ____ to ____	Evening ____ to ____	Evening ____ to ____	Evening ____ to ____	Evening ____ to ____	Evening ____ to ____	Evening ____ to ____

Frequency: ____ Day(s)/Week ____ Days(s)/Month ____ Other

Available on short notice? Yes / No

Profession/ Special Talents:

Please list other Community Involvement/Experience.

Can the agency call upon you in times of need for your unique expertise? Yes / No

By signing below, I hereby consent to and authorize the use and reproduction of any and all written and photographic materials produced as a result of my volunteerism. Any material used in a newsletter, promotional materials, publicity, submission to newspapers or other media/public outlet is authorized for use without any compensation to me. I may be asked to complete a Child Abuse History Clearance and Criminal Record Check.

Signature: _____ Printed name: _____ Date: _____

In Case of emergency, notify:

Name	Address	Relationship
Day Telephone	Evening Telephone	Mobile Telephone

If not available call:

Name	Address	Relationship
Day Telephone	Evening Telephone	Mobile Telephone

ProJeCt of Easton, Inc.

STATEMENT OF CONFIDENTIALITY

This agency guarantees complete confidentiality to its consumers and program participants to the full extent allowed by state and federal law. Confidentiality may be broken only under the following circumstances:

- There is a risk of death or bodily injury that might be avoided by breaching confidentiality.
- A court orders information to be released or testimony previously held to be confidential to be given.
- The information indicates a violation of the law, whether local, state or federal.

All employees and all volunteers must respect the guarantee of confidentiality. Any violation will result in disciplinary action, which could result in termination of employment or future refusal to accept volunteer services.

To discuss, report or in any other manner share information about a consumer or program participant or any ProJeCt of Easton business with other than appropriate agency staff requires a release of information form signed by the consumer or program participant, or the permission of the Executive Director.

Upon acceptance of a staff or volunteer position with this agency, I agree to abide by the above statement of confidentiality. This agreement supersedes all other confidentiality statements, which may have been previously signed.

Signature

Date

Executive Director