



BethlehemHaven
VOLUNTEER INFORMATION SHEET

Name: _____

Mailing Address: _____

Phone: home - _____ work - _____
cell - _____

Please indicate above the best number above to reach you or leave a message.

E-mail Address: _____

If working as part of a group, please identify: _____

Employer: _____

Does your employer have a matching gifts program? Y N

What type of volunteer work interests you? (Check all that apply)

Preparing Meals _____ Office Assistance _____ Fundraising _____

Serving Meals _____ Speaker's Bureau _____ Other _____

Days/ Evenings Available: M T W Th F Sat Sun

How often would you like to volunteer?

every week once a month occasionally other _____

How long do you think your initial commitment will be?

6 months _____ One year _____ Other _____

BACKGROUND INFORMATION

Do you have relevant volunteer or work experience?

Interests/Skills/Hobbies?

Reasons for wanting to volunteer at Bethlehem Haven?

Please list the names and numbers of two personal or professional references:

CONFIDENTIALITY STATEMENT

I understand and agree to abide by the following policy: Volunteers will respect the privacy of all clients and staff and hold in confidence all information that is given during the client's stay. At all times and in all settings, volunteers must safeguard the confidentiality of all clients and staff in all aspects of their stay and their care. Volunteers will take all steps necessary to protect the confidentiality of the clients and staff they encounter in their volunteer service, currently and in the future.

Signature: _____ ***Date:*** _____

Parental Consent if under 18 (signature): _____

Emergency Contact & Phone Number: _____

Please send your completed form to :

Or fax to 412-391-2133

**Volunteer Coordinator
Bethlehem Haven
905 Watson Street
Pittsburgh, PA 15219**