



VOLUNTEER APPLICATION

Our organization encourages the participation of volunteers who support our mission. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

Thank you for your interest in our organization.

Name:

Address:

City:

State:

Zip:

Phone:

Email:

Any special talents or skills you have that you feel would benefit our organization?

Interests: *Please tell us in which areas you are interested in volunteering*

Activities

Administration

Events

Fundraising

Providing Meals (Volunteer purchased)

Serving Meals

Other _____

Please indicate days available:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Times available: From _____ to _____

Any physical limitations?

In case of emergency contact:

Name:

Relationship:

Number:



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AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I understand and agree to abide by all policies and procedures of Bethlehem Haven. I understand that I will be volunteering at my own risk and that Bethlehem Haven, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

OUR POLICY

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

CONFIDENTIALITY STATEMENT

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.

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

Name (printed):

Signature:

Date:

Parental Name (if under 18):

Parental Signature:

Date:

Please mail or email your completed form to:

Development & Volunteer Coordinator

Bethlehem Haven

905 Watson Street

Pittsburgh, PA 15219

EMAIL: ajackson@bethlehemhaven.org

MAILING ADDRESS

Bethlehem Haven

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412-391-1348

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FOR MORE INFORMATION CONTACT

Development and Volunteer Coordinator

412-391-1348 ext. 224

ajackson@bethlehemhaven.org