



Chartiers Center  
437 Railroad St., Bridgeville, PA 15017  
Volunteer Interest Form

Name \_\_\_\_\_ Are you 18 yrs. or older? \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_ email address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Employer Address \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Highest level of education: (circle one) HS College 1 2 3 4 Degree \_\_\_\_\_

College/Technical School \_\_\_\_\_ Major/area of study \_\_\_\_\_

How did you hear about Chartiers Center? \_\_\_\_\_

To comply with HIPAA regulations has anyone in your family received services from Chartiers Center?

\_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ I chose not to answer

Do you have any previous experience working with our clients or a special needs population? \_\_\_\_\_

Please specify any past or present volunteer experience \_\_\_\_\_

\_\_\_\_\_

List any skills, hobbies or certifications \_\_\_\_\_

\_\_\_\_\_

**Indicate your volunteer preference:**

\_\_\_\_\_ Direct Service (volunteering one to one or in a small group with clients)

If yes, which population? \_\_\_\_\_ mental health \_\_\_\_\_ intellectual disabilities \_\_\_\_\_ unsure

\_\_\_\_\_ Clerical (filing, data entry, etc.) Do you have computer skills? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, what software programs are you familiar with? \_\_\_\_\_

**Indicate your availability:**

What time are you available to volunteer? \_\_\_\_\_ day \_\_\_\_\_ evening \_\_\_\_\_ weekend

Are you available on a regular basis? \_\_\_\_\_ days per week \_\_\_\_\_ days per month \_\_\_\_\_ on call

Would you prefer one time/occasional activity (these are scheduled in advance)? \_\_\_\_\_ yes \_\_\_\_\_ no

(Continued)

**Interest and Special Skills:**

Interest and hobbies you would like to share: \_\_\_\_\_

List any professional or service organizations you belong to: \_\_\_\_\_

Are you volunteering in affiliation with an organization or special program (ex. school, scouts, church, youth group etc.?) \_\_\_\_\_

**Misc:**

Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_ yes \_\_\_\_\_ no

Are you currently on probation? \_\_\_\_\_ yes \_\_\_\_\_ no

If you answered **yes** to any of the previous questions, please explain in detail (a yes will not bar you from volunteering.)

\_\_\_\_\_

Will this volunteer placement fulfill any requirements for college classes? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, list instructor's name, department, phone and/or email \_\_\_\_\_

Please provide two references (not relatives)

1. _____	_____	_____
Name	Address	phone and/or email

2. _____	_____	_____
Name	Address	phone and/or email

I have completed the application process and acknowledge that all the information I provided was true. I give permission to Chartiers Community Mental Health and Retardation Center to verify any information, which may include criminal background checks, to determine volunteer eligibility. Applicants who provide false information shall be disqualified or terminated from volunteering with Chartiers.

_____ Volunteer Signature	_____ Date
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**FOR OFFICE USE ONLY**

Interview Date \_\_\_\_\_ Copy of driver's license/photo ID \_\_\_\_\_

Criminal Clearance Mailed \_\_\_\_\_ Received \_\_\_\_\_ Approved \_\_\_\_\_

Review Volunteer Handbook \_\_\_\_\_ Sign Volunteer Description \_\_\_\_\_

HIPAA Training \_\_\_\_\_

Physical (if required) \_\_\_\_\_

Comments \_\_\_\_\_