



Lancaster County Homelessness Coalition

Emergency Shelter VOLUNTEER APPLICATION

Name: _____

Address: _____ City/State/Zip _____

Phone: (Home) _____ (Work) _____ (OK to Call?) Y N (Cell No.) _____

Email: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY:

Name: _____ Phone: _____

VOLUNTEER INFORMATION:

Volunteer Position Desired: ___ Evening Shift ___ Overnight Shift
 ___ Daytime Shift ___ Cleaning

List previous volunteer work experience:

Current employer and job description:

Previous work experience:

How often would you like to volunteer? Daily ___ Weekly ___ Monthly ___ Other _____

Please fill in times you are available:

Time of Day Available	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							



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Please list any concerns that you might have about volunteering:

BACKGROUND

Do you have any charges or convictions, other than minor traffic violations? This includes charges and/or convictions sex related or against children. Yes _____ No _____

(Pending charges or convictions will not be used or considered unless they are substantially related to circumstances of the volunteer position.) If yes, please list charges/convictions:

PERSONAL REFERENCES

Please list two personal and/or business references. Include phone numbers where they can be reached.

Name:	Relationship:	Phone #
_____	_____	_____
_____	_____	_____

The Lancaster County Homelessness Coalition may perform criminal background checks for some volunteer positions. For safety reasons, we may require the following information:

Middle Initial: _____ Gender: _____ Date of Birth: _____

Please list other alias: _____

Volunteer's Signature: _____ Date: _____

Volunteer Coordinator's Signature: _____ Date: _____

Your signature affirms that all the information on this application is true to the best of your knowledge. By signing this document, I am providing the above-named organization for my consent for any initial background check or any subsequent background checks deemed necessary throughout the length of my volunteer. It also affirms that you agree that any false statement, misstatements, or omissions may lead to discontinuance of your involvement with the Lancaster County Homelessness Coalition.

*Please return the Volunteer Application to Stacey Ebersole at sebersole@lchra.com.