PRINT

PAFACOM, INC.
1301 W. Forest Grove Road, Bldg. 3C
Vineland, New Jersey 08360

APPLICATION FOR VOLUNTEER POSITION

Date of Application: ____ / ____ / ____

PLEASE PRINT

1. Name: _____
   LAST FIRST MIDDLE

2. Address: _____
   STREET CITY STATE ZIP

   Telephone: (____) _____

3. Interests, skills, hobbies _____

   _____

   _____

4. Do you have your own transportation? ( ) Yes ( ) No

   If No, how will you travel to/from PAFACOM? _____

5. Have you ever been convicted of a crime? ( ) Yes ( ) No

   If Yes, please explain _____

6. Health status: ( ) Excellent ( ) Good ( ) Fair ( ) Poor

7. Are you on any medication or do you have any medical conditions that we should be aware of?
   ( ) Yes ( ) No

   If Yes, describe condition _____

8. Physical Limitations or Restrictions: _____

   _____

   Person to notify in case of emergency: Name: _____

   Relationship: _____ Telephone Number: _____

   Address: _____

9. How much time would you like to volunteer? Weekly _____

   Monthly _____ As Available _____

   Days and Times available: _____

10. What type of volunteer work are you interested in?

- Crafts _____ What kind? _____
- Work in the Production Workshop _____
- Special One-on-One assistance to program recipient _____
- Fund-Raising _____ Music _____
- General duty (doing miscellaneous tasks as they need doing) _____
- Special Projects _____ Writing/Drawing _____
- Office Skills _____ Administrative _____
- Other (please specify) _____

11. Do you prefer: (Circle one) a) Set schedule b) To come when available

12. When are you available to start? _____

13. Do you wish to volunteer for PAFACOM? _____

_____

14. How did you hear about us? _____

15. Additional information you may wish to add: _____

_____

16. Name, address and phone number of three personal references:

1. _____
2. _____
3. _____

The above information I have given you is true to the best of my knowledge. I give permission for you to contact the people I have named to obtain personal reference information and to contact local or county government for a background check.

_____

Signature Date

_____

Signature of PAFACOM employee completing this form and conducting the interview.

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