



VOLUNTEER APPLICATION

521 Route 228 Mars, Pa 16046
Telephone (724) 625-3141 Fax (724) 625-2226

Thank you for your interest in volunteer opportunities at MHY Family Services. Please take a few minutes to complete this volunteer application, so together we can find a position that aligns with your interest, skill and availability.

Name: _____

Address: _____

City, State, Zip: _____

Phone (H): _____ Phone (C): _____

Email: _____

Are you at/over the age of 21? Y: _____ N: _____ Birthday: _____

Known medical conditions (please include monitoring physicians name & number): _____

Are you a college student?

- Yes No

Are you fulfilling a school/community service requirement?

- Yes No

If yes, please describe: _____

Emergency Information:

Emergency Contact Name: _____

Relationship: _____ Phone: _____

How did you hear about MHY Family Services? _____

Volunteer Type (Check all that apply):

- Individual Activity
- Church Group
- Company/Business Group
- Friends & Family Group
- Other: _____

Media Photo Release:

I agree: _____ I do not agree: _____ to the use of my photo in media advertising and promotion, including but not limited to newspaper advertising, Facebook, website, newsletters...

All volunteers must complete:

- Confidentiality Agreement
- Disclosure Statement

All regular/recurring volunteers must also complete:

- Act 33 Clearance*
- Act 34 Clearance*
- FBI Fingerprinting Clearance*
- Health Statement
- Mandatory Child Abuse Reporting

**MHY Family Services will reimburse for expenses paid initially by volunteer for clearances.*

Signature: _____ Date: _____

If you have any questions, please contact Kayla McGrath, Development Assistant, at kmcgrath@mhy-mars.org or call 724-625-3141 x283



VOLUNTEER INTEREST QUESTIONNAIRE

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Name: _____

Volunteer Activity Preferences (Check all that apply):

- Direct resident contact
- No resident contact
- Indoor activities
- Outdoor Activities
- Donation Center
- Event Coordination (Annual Open House, etc...?)
- No preference

Desired Time Commitment (Check all that apply):

Recurring

- Daily
- Monthly
- Yearly
- 2-3 Days per week
- 2-3 Days per month
- 2-3 Days per year
- One-time Assignment
Specific Date: _____
- No preference

Please indicate your availability:

- Weekday Morning
- Weekday Afternoon
- Weekday Evening
- Weekend (Sat. or Sun.)
- When Needed
- No preference
- Specific Preference: _____

Additional Comments: _____

References:

Name _____	Phone _____
Address _____	
Email _____	Relationship _____
Name _____	Phone _____
Address _____	
Email _____	Relationship _____
Name _____	Phone _____
Address _____	
Email _____	Relationship _____

Signature: _____ Date: _____

If you have any questions, please contact Kayla McGrath, Development Assistant, at kmcgrath@mhy-mars.org or call 724-625-3141 x283