



# Volunteer Application

P.O. Box 305 • 42 Community Drive • Benton, PA 17814 • (570) 925 - 0163 • www.n4cs.org

Please fill in all information and sign and date at the bottom.

*Thank you for your interest volunteering at N4Cs!*

Member First Name: \_\_\_\_\_ Member Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Gender: F / M D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Municipality: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_ *\*Please note receipts sent via email\**

Alternate E-Mail: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relation: \_\_\_\_\_

## Medical History:

Do you have current Health Insurance Coverage? Y / N Provider: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Additional Family Members Medical Conditions (Include Name):

\_\_\_\_\_

\_\_\_\_\_

## Volunteer Information

Do you have volunteer experience? Y / N Where: \_\_\_\_\_

What day(s) are you available? MON TUES WED THUR FRI What time are you available? \_\_\_\_AM \_\_\_\_PM

## How can you help N4Cs?

Front Desk Maintenance Landscaping Committees Food Bank Programming Other: \_\_\_\_\_

## Please Provide a Reference:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

When could you start? \_\_\_\_\_ Any special skills? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_