



# FAIR ACRES

340 N. MIDDLETOWN ROAD  
LIMA, PA 19037

VOLUNTEER DEPT., CHERYL J. EVERNGHAM, DIRECTOR  
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## VOLUNTEER SERVICE APPLICATION

FA VOL 101.3 1/2011

NAME:	CURRENT OCCUPATION:
ADDRESS:	BUSINESS:
CITY:	NAME:
STATE: ZIP:	ADDRESS:
PHONE NUMBER:	PHONE NUMBER:
E-MAIL ADDRESS:	PREVIOUS WORK EXPERIENCE:
BIRTHDAY (MONTH & DAY ONLY):	
IN CASE OF EMERGENCY, NOTIFY:	HAVE YOU EVER BEEN EMPLOYED BY FAIR ACRES? <input type="checkbox"/> NO <input type="checkbox"/> YES→list dates & locations:
RELATIONSHIP:	VOLUNTEER EXPERIENCE:
PHONE NUMBER:	BUSINESS EXPERIENCE:
EDUCATION:	PERSONAL PHYSICIAN:
SKILLS:	ADDRESS:
HOBBIES:	
FOREIGN LANGUAGE(S):	PHONE NUMBER:
	HAVE YOU BEEN HOSPITALIZED WITHIN THE PAST SIX MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IS THIS VOLUNTEER SERVICE COURT-ORDERED? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHYSICAL RESTRICTIONS:
REFERENCE (1):	REFERENCE (2):
ADDRESS:	ADDRESS:
PHONE NUMBER:	PHONE NUMBER:

### PLEASE CHECK ALL AREAS OF INTEREST:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> WHEREVER NEED IS GREATEST | <input type="checkbox"/> ENTERTAINMENT      | <input type="checkbox"/> PASTORAL CARE    |
| <input type="checkbox"/> ARTS AND CRAFTS           | <input type="checkbox"/> FRIENDLY VISITING  | <input type="checkbox"/> PET THERAPY      |
| <input type="checkbox"/> BINGO                     | <input type="checkbox"/> GIFT SHOP          | <input type="checkbox"/> SPECIAL PROJECTS |
| <input type="checkbox"/> BOOK CART                 | <input type="checkbox"/> HOLIDAY ASSISTANCE | <input type="checkbox"/> TRIPS            |
| <input type="checkbox"/> CANDY CART                | <input type="checkbox"/> LIBRARY            | <input type="checkbox"/> WOODWORKING      |
| <input type="checkbox"/> COOKING CLUB              | <input type="checkbox"/> OFFICE VOLUNTEER   | <input type="checkbox"/> OTHER: _____     |

PLEDGE: I AGREE TO ABIDE BY ALL VOLUNTEER POLICIES AND PROCEDURES  
IF ACCEPTED BY FAIR ACRES AS A VOLUNTEER.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**VOLUNTEER POLICIES AND PROCEDURES ARE LISTED IN THE VOLUNTEER INFORMATION BOOKLET THAT WILL BE GIVEN TO YOU UPON YOUR INTERVIEW. BY SIGNING THIS PLEDGE, YOU ARE AFFIRMING THAT YOU WILL REVIEW THIS BOOKLET.**

FOR VOLUNTEER DEPARTMENT USE ONLY

DATE OF INTERVIEW: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SERVICE ASSIGNED: \_\_\_\_\_