

MOM'S HOUSE

OF LANCASTER



VOLUNTEER APPLICATION

		Date:	
Name:			
Address:			
Phone:			
How did you learn about Mom's House?			

INTERESTS

Check all that apply

Child care program needs:

- | | |
|--|--|
| <input type="checkbox"/> Care for infants | <input type="checkbox"/> Assist with childcare staff training |
| <input type="checkbox"/> Work with preschoolers | <input type="checkbox"/> Be an on-call child care provider <small>[certification required]</small> |
| <input type="checkbox"/> Plan a special party or event | <input type="checkbox"/> Organize donation closets |
| <input type="checkbox"/> Develop activities | <input type="checkbox"/> Cook Breakfast and Lunch for children |

Parent program needs:

- Lead a discussion relevant to parenting and life skills
- Mentor
- Tutor

Assist directors:

- | | | |
|---|--|--|
| <input type="checkbox"/> Provide computer skills | <input type="checkbox"/> Research Program Impacts | <input type="checkbox"/> Participate in a fundraiser |
| <input type="checkbox"/> Prepare newsletters | <input type="checkbox"/> Plan a fundraiser | <input type="checkbox"/> Participate in a expo |
| <input type="checkbox"/> Research grant proposals | <input type="checkbox"/> Be a fundraiser coordinator | <input type="checkbox"/> Assemble bulk mailings |

Special interests or skills:

TIMES AVAILABLE:

Monday		Tuesday		Wednesday		Thursday		Friday	
Time		Time		Time		Time		Time	

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EDUCATION YOU WOULD LIKE TO MENTION:

School	Dates	Grade/Degree Completed

EXPERIENCE WITH CHILDREN:

Facility/Church/School/Program	Dates	Grade/Degree Completed

EXPERIENCE WITH SINGLE MOTHERS:

CERTIFICATES RECEIVED YOU WOULD LIKE TO MENTION:

School	Dates	Grade/Degree Completed

PERSONAL REFERENCES:

Name	Relationship	Years Known	Phone No.

NOTE: IF YOU PLAN ON WORKING DIRECTLY WITH THE CHILDREN OR FOOD PREPARATION, YOU MUST HAVE A PHYSICAL AND A TB TEST.

PERSON TO CONTACT IN CASE OF AN EMERGENCY:

Name	Relationship	Years Known	Phone No.

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We ask that you read the statements below and that your signature will imply full agreement:

- I am in full agreement with the Mission and Philosophy of Mom's House and will uphold them in any of my actions or statements, especially those that could have a public interest.
- I will strive to communicate God's love to all clients through my actions and attitudes.
- I will uphold the policies and principles set down by Mom's House.
- I will consistently represent Mom's House in a positive and supportive manner, in conformance with its public charitable purposes.
- I will represent the interests of all persons served by this organization.
- I will keep confidential all information that is confidential.
- I will commit to serve my volunteer time (barring abnormal circumstances).

Signature of Volunteer

Date

If you do not have your clearances; Please schedule a time with our Program Director to come in and apply for your:

- Child Abuse Clearances (Online)
- PA Criminal Background Check (Online)
- FBI Background Check (Online and get finger prints taken at local agent)

Also obtain the proper physical forms that need to be completed by your doctor from the Program Director.

**WE LOOK FORWARD TO WORKING WITH YOU.
WE VALUE THE TIME AND TALENT THAT YOU ARE GIVING
TO MOM'S HOUSE AS ONE OF OUR CHERISHED VOLUNTEERS.**

(Highlights from the Personnel and Parent Handbooks will be presented upon completion of this application. If policies are not presented, please contact our administrative team. To see a detailed listing of Mom's House Policies please request to see our Personnel Handbook.)

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