



Volunteer Application for Ephrata Area Social Services
227 N State Street
Ephrata, PA 17522
717-733-0345

Last Name _____ First Name & Initial _____

Street Address _____

City/Town _____ Phone # _____

Emergency Contact: _____ Your Email: _____

Last Name _____ First Name _____

Relationship to applicant _____ Phone # _____

Address _____

If you are under 18, please check this space. _____

Parents Signature and Date _____

What areas of EASS are you interested in volunteering?

- MOW, Delivering Food, Food Preparation, HANDUP Exchange, Sorting, Office, Other, please list below

What times are you available? Note: Office hours are 9:00 – 4:00.

- Monday, Tuesday, Wednesday, Thursday, Friday

How did you find out about Ephrata Area Social Services? _____

Previous organizations you have volunteered and dates. _____

Special Skills, Hobbies: _____

Have you ever or are you currently a client at Ephrata Area Social Services? _____

If so, when? _____

*Please note: Criminal Background Clearances are required for all new volunteers. For the Pennsylvania State Police Criminal Record Check, visit https://epatch.state.pa.us. This is FREE for all volunteers.

Signature _____ Date _____

Thank You!