



EPHRATA AREA
**SOCIAL
SERVICES**
EPHRATA • COCALICO

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

Last Name _____ First Name & Initial _____

Street Address _____ DOB: _____

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. _____ SS #: _____

Parents Signature and Date _____

What areas of EASS are you interested in volunteering?

- | | | |
|---|--|---|
| <input type="checkbox"/> MOW | <input type="checkbox"/> HandUP Exchange | <input type="checkbox"/> Other, please list below |
| <input type="checkbox"/> Delivering Food | <input type="checkbox"/> Sorting | _____ |
| <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Office | _____ |

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!