

GENERATIONS OF INDIAN VALLEY VOLUNTEER APPLICATION

Updated 9-2021

259 N. Second St., Souderton PA, 18964 215-723-5841



Welcome and thank you for your interest! Generations of Indian Valley is a 501(c)3 non-profit community center serving active older adults with programs in wellness, nutrition, social services, recreation, travel, and more. Generations' Meals on Wheels program serves the Indian Valley and North Penn areas. **Please note that in order to volunteer at Generations, individuals must be 12 years of age or older and be willing to complete a PA request for criminal record form.**

In addition, individuals must be:

- Able to exit our building independently in an emergency.
- Able to handle all toileting and personal care needs independently.
- Able to comport themselves in an appropriate and non-disruptive manner.

In the event that individuals are unable to meet the expectations listed above, participants must be accompanied by an adult companion or responsible party while completing all volunteer tasks at Generations.

APPLICANT INFORMATION									
Today's Date		How did you hear about us? (circle all that apply)			FRIEND FAMILY HOSPITAL AGENCY NEWSPAPER HEALTHCARE PROFESSIONAL WEBSITE OTHER: _____				
Last Name		First		M.I.		D.O.B.			
Street Address						Apt./Unit #			
City			State		Zip				
Phone		E-mail							
Township/ Municipality		County			Last Four Social Security #		_____		
NEWSLETTER INFORMATION	How would you like to receive your newsletter?	Mail <input type="checkbox"/>		Email <input type="checkbox"/>		Pick-up <input type="checkbox"/>		Opting for Email or Pick-up saves us money!	
HOUSEHOLD INFORMATION									
Marital Status		Single <input type="checkbox"/>		Married <input type="checkbox"/>		Divorced <input type="checkbox"/>		Widowed <input type="checkbox"/>	
Gender		Male <input type="checkbox"/>		Female <input type="checkbox"/>		Veteran?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Head of House?		Yes <input type="checkbox"/>		No <input type="checkbox"/>					
Ethnicity (circle all that apply)		American Indian/ Native Alaskan		Asian	Black/ African American	Native Hawaiian/ Other Pacific Islander	Non-minority (White, non-Hispanic)		White-Hispanic
Who lives with you at home?		By Myself <input type="checkbox"/>		My Spouse <input type="checkbox"/>		My Child <input type="checkbox"/>		Other: _____	
Do you need communication assistance?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Primary Language			
Please list any situations in which would require assistance while you are here:									

Please turn over to complete other side >>>>>

EMERGENCY CONTACT INFORMATION

Name		Relationship To You	
Home Phone		Cell Phone Work Phone	

CONFIDENTIALITY

The paid and volunteer staff at Generations are required to maintain all participant information as confidential.

YES <input type="checkbox"/>	NO <input type="checkbox"/>	<p>I hereby grant Generations of Indian Valley permission to use my likeness in a photograph in all of its publications, including website and social media, without payment or any other consideration for any other lawful purpose. I understand and agree that these materials will become the property of Generations of Indian Valley. I agree to keep all staff and participant information confidential. I agree that all information listed on this application is true.</p> <p>Signature: _____</p>
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BACKGROUND INFORMATION

Are you currently out on bail, the subject of a current warrant for arrest or released on your own recognizance pending trial? Yes ___ No ___

Have you ever been convicted of a felony, or a misdemeanor involving any violent act, use or possession of a weapon or act of dishonesty for which the record has not been sealed or expunged? Yes ___ No ___

If you answered yes to either of the above questions, please briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case. This organization will not deny volunteer work to any applicant solely because the person has been convicted of a crime. The organization however, may consider the nature, date and circumstances of the offense as well as whether the offense would conflict with the duties of the position.

Are you applying for volunteer work to fulfill a court ordered community service requirement? Yes ___ No ___

Are you applying for volunteer work to fulfill a school, church, or other organizational requirement? Yes ___ No ___

VOLUNTEERISM INFORMATION

Please indicate how much time you would like volunteer at Generations and the times of day you are available.

Time Commitment (circle one): Daily Weekly Monthly Annually **Project length (circle one):** Short term Indefinite

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							

List previous or current service work, employment, or special skills you feel will help you when volunteering:

How can you help us? (please check all that apply)

MOW Admin.	<input type="checkbox"/>	Bingo/Games	<input type="checkbox"/>	Driver (CDL)	<input type="checkbox"/>	Food Prep.	<input type="checkbox"/>	Phone Calls	<input type="checkbox"/>	Office Work	<input type="checkbox"/>
MOW Food Prep.	<input type="checkbox"/>	Cafe	<input type="checkbox"/>	Driver (nonCDL)	<input type="checkbox"/>	Hoagie Sale	<input type="checkbox"/>	Public Rela.	<input type="checkbox"/>	Class Leader	<input type="checkbox"/>
MOW Driver	<input type="checkbox"/>	Data Entry	<input type="checkbox"/>	Event Host(ess)	<input type="checkbox"/>	Kitchen Server	<input type="checkbox"/>	Reception	<input type="checkbox"/>	Other	<input type="checkbox"/>

PLEASE LIST TWO PERSONAL/PROFESSIONAL REFERENCES

Name	Phone	Email	Relationship To You

Please return this form to a Generations Staff Member. Thank you for supporting Generations of Indian Valley!

Staff Member Initials _____