

PASSAGES, Inc.
Volunteer Application

Clarion County
105 South Fifth Ave.
Clarion, PA 16214
(814) 226-7273

Jefferson County
P.O. Box 96
Brookville, PA 15825
(814) 849-5303

Clearfield County
90 Beaver Driver, Suite 120D
DuBois, PA 15801
(814) 371-9677

Personal Information:

Name: _____

Birth Date: _____

Address: _____

City, State, and Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Best time to reach you: _____

Educational Background: _____

Job Title: _____ Work Phone: _____

Employer: _____

Employer Address: _____

Is it okay to contact you at work? _____

Do you have Act 33/34 Clearances? (not required): _____

Have you ever been convicted of a crime? _____ If yes, explain: _____

Volunteer Experience:

How did you hear about the PASSAGES, Inc. volunteer training? _____

Volunteers must complete the 40-hour training. Will this be a problem for you? _____

PASSAGES, Inc. asks volunteers for at least a 6 month commitment. Are you willing to make such a commitment? _____

Have you volunteered here before? _____ If yes, when? _____

Please describe any volunteer experience you may have. _____

Are you comfortable working with both males and females of all races, ethnic backgrounds, sexual orientation, and different value systems? Why or why not?

Describe the qualities you believe are necessary to be an effective sexual assault crisis volunteer.

Do you possess these qualities? _____

PASSAGES, Inc. provides service in Clarion, Clearfield and Jefferson Counties. Which county do you want to volunteer in? _____

With the understanding that you have not completed the training, how would you interact with a victim? What would you say/do? _____

Please list 3 references; include their address and phone numbers.

Name	Relationship to Applicant	Address	Phone number

I certify that the information contained in this application is correct to the best of my knowledge and I understand that falsification of this information is grounds for dismissal from the volunteer program. I authorize the references listed above to give you any and all information concerning my previous employment/volunteer history and any pertinent information they may have, personal or otherwise, and release all parties from any liability for any damage from furnishing same to you. In consideration of my volunteer work, I agree to conform to the policies and procedures of PASSAGES, Inc.

Signed

Date

Thank you for your interest in volunteering for PASSAGES, Inc. Please complete and return the application to the Clarion address listed below. After the review of your application, we will contact you with training information. We appreciate your concern and willingness to give.

Thank you,
PASSAGES, Inc.

PASSAGES, Inc.
105 South Fifth Avenue
Clarion, PA 16214