



11 Owen Avenue
 Lansdowne, Pennsylvania 19050
 Office: 610-553-5479
 Fax: 610-553-5482
www.PettawayPursuitFoundation.Org
 Email: pettawaypursuit@verizon.net

Volunteer Application Form

Name _____ Date _____
 Address _____ City _____ State _____ Zip _____
 Phone: _____ Email: _____
 Emergency Contact: _____ Phone: _____

Past volunteer experience:

Organization/Agency Name	Supervisor's Name & Phone	Volunteer Position

Current Employment:

Company Name: _____ Position: _____
 Supervisor: _____ Phone: _____

Available Time to volunteer:

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Sunday
 Morning (9am – 12pm)
 Afternoon (12pm – 4pm)
 Evening (4pm – 8pm)

Frequency of volunteer availability:

- One-Time
 Weekly
 Bi-weekly
 Monthly
 Other _____

How would you like to help Pettaway Pursuit Foundation?

Why do you want to volunteer for Pettaway Pursuit Foundation?

Hobbies, interests, skills: (nursing, doula, child birth educators, massage therapist, fundraiser, administration, etc.).

Are you willing to submit to a criminal background check? Yes No

Transportation: Public Transportation Walk Taxi/Car Service Car

Education/Credentials (if over 18, start with high school):

School	Year Graduated	Degree	Location

References:

List three non-family members who can provide references on your ability to perform this volunteer position:

Name	Address	Phone/Email

I hereby agree to serve any client who is assigned regardless of race, sex, creed or national origin.

I hereby declare that the above information is true and correct.

Signature: _____

Date: _____

"Pursuant to Internal Revenue Code requirements for substantiation of charitable contributions, no goods or services were provided in return for the Tax Deductible contributions."