



VOLUNTEER APPLICATION

Name _____ Nickname if used _____

Home Address _____

Phone #: Home _____ Cell _____ Work _____

E-mail Address _____

Preferred method of contact: Home ____ Cell ____ Work ____ E-mail ____

Emergency Contact: Name _____ Relationship _____

Phone # _____

Are you age 18 or older? Yes ____ No ____

Do you have previous volunteer experience? Yes ____ No ____

If yes, where and what did you do? _____

List special skills or qualifications: _____

Please indicate below by checking which GEDP volunteer opportunities are of interest to you:

Easton Main Street Initiative

Spring Clean Up Day ____ Flower & Holiday Plantings ____ Historic Easton House Tour ____

Lafayette Student Tours ____ Peace Candle Lighting and Holiday Open House ____

Easton Farmers' Market

Setup & Takedown ____ Information Tent ____ Special Event Activities ____

Easton Public Market

Farmstand Product Sampling ____ Kitchen Events ____

Downtown Special Events

Spring Into Easton – Shopping & Tasting Crawl ____ Easton Out Loud ____ Live Concerts ____

Lafayette Day ____ PA Bacon Fest – Planning ____ PA Bacon Fest – On-site Festival Activities ____

Other

Office / Admin Support ____





Availability (check all that apply): Weekdays ____ Evenings ____ Weekends ____

Current Employer: Company Name _____ Job Title _____

Does your employer have a 'Dollars for Doers' program that matches volunteer hours with a monetary donation to the non-profit? Yes ____ No ____

List 3 people with their phone number and relationship to you whom you have known for 5 years or more:

1. _____
2. _____
3. _____

Have you ever been convicted of a criminal offense other than a minor traffic violation carrying a fine of less than \$500 or an offense settled in juvenile court or under welfare youth offender law? Yes ____ No ____

If yes, please explain _____

Please check if you have had any of the following clearances within the past year:

PA Criminal Record Check ____ Child Abuse Clearance ____

This application does not discriminate in securing volunteers on the basis of race, color, religious creed, national origin, sex, or ancestry; or on the basis of age against persons whose age is over forty, or on the basis of handicap or disability and any other characteristic required by law. No question on this form is intended to secure information to be used for such discrimination.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

I understand that my volunteer service is at will and can be terminated with or without reason by myself or the Greater Easton Development Partnership.

If I am engaged as a volunteer by GEDP in any of their organizations, I agree to observe all rules, regulations, policies and procedures.

Signature: _____ Date: _____

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