



Volunteer Application

Thank you for your interest in becoming a Pappus House Volunteer. This application was developed specifically for our program in order to better serve our residents and their families. Pappus House relies on dedicated, well- trained volunteers, providing compassionate support for our residents and their families. Our volunteers assume many roles, and their work is invaluable. Please complete all required fields *.

*Name: _____

*Street Address: _____

*City: _____ State: _____ Zip: _____

*Date of Birth (excluding year): _____

(Please indicate preferred means of communication) *Home Phone: _____

*Work Phone: _____ *Cell Phone: _____

*Email Address: _____

*Emergency Contact Name/Relationship: _____

*Phone-day and cell: _____

*Email Address: _____

I heard about Pappus House from: _____

Add me to Pappus House mailing list: Y N

*Do you have any health conditions that require special precautions when in personal contact with others?

Yes _____ No _____

If yes, please explain: _____

*Have you experienced a significant loss in the last year? Yes _____ No _____

If yes, please explain: _____

Have you previously volunteered with any other organization? Yes _____ No _____

If yes, please list the organization(s).

*What motivates you to volunteer for Pappus Hosue? (career experience, desire to serve the community, re-entry into the job market, required community service, school requirement, work requirement, etc.)

Are you currently employed? Yes _____ No _____

Employer: _____

Describe any special training, licenses/ certifications with number, apprenticeship, skills, or extracurricular activities that you feel may be helpful when working as a volunteer:

*PERSONAL REFERENCES (please use personal or professional references other than family members)

Name: _____

Address/City/State/Zip: _____

Phone: _____ Relationship _____

Name: _____

Address/City/State/Zip: _____

Phone: _____ Relationship _____

Name: _____

Address/City/State/Zip: _____

Phone: _____ Relationship _____

*PLEASE CHECK THE AREAS THAT YOU ARE INTERESTED IN AS A VOLUNTEER

_____ Resident Care

_____ Landscaping (Gardens and/or Lawn Care)

_____ Lanterns of Light Memorial Event Committee

_____ Fundraising / Marketing

Applicant Signature

Date

By signing my name on this application, I affirm the following:

I certify that the information provided in this application is correct and complete. I understand that false statements or improper omissions on this application may disqualify me from consideration or warrant dismissal after placement. I authorize Pappus House to investigate any and all information concerning my previous employment and education and release such institutions from all liability and damages in furnishing information to Pappus House. My volunteer placement will be based on the receipt of satisfactory information and on my ability to perform the functions of the volunteer position for which I have applied.

Please return application to: Pappus House, 253 Cherry Street, York PA 17403.

Application can be dropped off at the address above.

A Pappus House team member will contact you to follow-up with your application. Thank you for your interest in caring for those traveling the final journey.

Pappus House
253 Cherry Street
York, PA 17402
717-893-5310

info@pappushouse.org | www.pappushouse.org

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