



## Volunteer Application

Thank you for your interest in becoming a Pappus House Volunteer. This application was developed specifically for our program 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.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

**(Please indicate \* preferred means of communication)**

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name/Relationship: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

Emergency Contact Email Address: \_\_\_\_\_

*I heard about Pappus House from:* \_\_\_\_\_

*Add me to Pappus House mailing list:* \_\_\_\_\_ Yes \_\_\_\_\_ No

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).

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

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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:

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

Name1: \_\_\_\_\_ Relationship \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name2: \_\_\_\_\_ Relationship \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name3: \_\_\_\_\_ Relationship \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

- Direct Care
- Greeter
- Social Care
- Home-Keeper (light cleaning, laundry)
- Family Meals
- Sitting Vigil
- Committees
- Mailings
- Public Speaking
- Holiday Decorations
- Gardening (Seasonal)
- ANNUAL EVENTS
- Garden Party
- Lantern of Lights

Do you give your consent for a PA Criminal Background Check?  Yes  No

*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.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Please e-mail completed application to: [volunteer@pappushouse.org](mailto:volunteer@pappushouse.org) or mail or drop off application to address below.

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  
66 Big Mount Rd.  
Thomasville, PA 17364  
717-800-8570

[volunteer@pappushouse.org](mailto:volunteer@pappushouse.org) | [www.pappushouse.org](http://www.pappushouse.org)