



Mental Health America of Lancaster County
 630 Janet Avenue Lancaster, PA 17601-4585
 717.397.7461(tele) 717.517.8446(fax)
 www.mhalancaster.org
 mha@mhalancaster.org

Revised 7/13
For Office use
Sent: _____
Rec'd: _____
Trained: _____

Volunteer Application

Name: _____ Birth Date: _____

Address: _____

E-mail address: _____

Phone: Home: _____ Work: _____ Best time to call: _____

Dates/times you can volunteer? _____ Are you under 18? (Y/N): _____

If Yes, Parent/Guardian Contact Information:

Home phone # _____ Work phone# _____

Parent's Authorization/Signature _____ Date: _____

How did you hear about MHALC? _____

Why do you want to volunteer? _____

What type/s of volunteer work are you interested in doing? _____

Have you volunteered at other agencies? Which agencies? When? _____

What was your most favorable memory of past volunteering experiences? _____

What are your office skills (typing, filing, answering phone, mailing, etc.)? _____

Do you have other skills (photography, web design, fundraising, finance, etc.)? _____

What three words best describe you? _____

Personal reference #1 (The reference cannot be a relative and must have known you for at least one year.)

Name: _____

Address: _____

Email address: _____

Phone number: _____ How long have you known this person? _____

What is your relationship with this person? _____

Your completion of this form is appreciated. MHALC screens volunteers carefully.

I certify that the above information is accurate and give MHALC permission to verify this information with the appropriate agency. As a volunteer, I will adhere to all policies of MHALC and will maintain complete confidentiality concerning all information heard or learned while volunteering with MHALC. I understand that this application and interview does not obligate me to accept, nor MHALC to assign, a volunteer opportunity.

Signed: _____ Date _____