



**VOLUNTEER APPLICATION  
CHANGING LIVES HOMELESS SHELTER**

138 Carlisle Street Hanover, PA 17331  
(717) 633-6353 Fax (717) 633-1992



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

Date: \_\_\_\_\_

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

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (OK to Call?) Y N (Cell) \_\_\_\_\_

Email \_\_\_\_\_

Person to notify in case of emergency:

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

Volunteer Position Desired:  Life Skills Leader  Mentor  Office/Receptionist

Assistant to Staff  Transportation  Sleepover (Emergency)

List previous volunteer work experience:

\_\_\_\_\_

Current employer and job description:

\_\_\_\_\_

Previous Work Experience:

\_\_\_\_\_

How often would you like to volunteer? Weekly  Monthly  Other \_\_\_\_\_

Date you are available to start? \_\_\_\_\_

Please fill in times you are available

Time of Day Available	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Please list any concerns that you might have about volunteering at a homeless shelter:

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**BACKGROUND**

**Do you have any charges or convictions, other than minor traffic violations? This includes charges and/or convictions sex related or against children.**

*(Pending charges or convictions will not be used or considered unless they are substantially related to circumstances of the particular volunteer position.)*

Yes \_\_\_ No \_\_\_

**If yes, please list charges/convictions:**

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**PERSONAL REFERENCES**

Please list two personal and/or business references. Include phone numbers where they can be reached.

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____

The Hanover Area Council of Churches may perform criminal background checks for some volunteer positions. For safety reasons, we may require the following information:

Middle initial: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Social Security # and/or other alias: \_\_\_\_\_

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Your signature affirms that all the information on this application is true to the best of your knowledge. It also affirms that you agree that any false statement, misstatements, or omission may lead to discontinuance of your involvement with the Changing Lives Homeless Shelter.*

**CHANGING LIVES HOMELESS SHELTER**

**STATEMENT OF CONFIDENTIALITY**

Any and all information pertinent to or about clients and staff in either Changing Lives Shelter or Hanover Area Council of Churches in general must be kept confidential. This will particularly include any groups, such as “Rise” which must have complete anonymity and confidentiality.

In order to protect the privacy of staff and clients, the following will be strictly enforced. Failure to do so will result in immediate dismissal. There will be no warnings

Signatures:

\_\_\_\_\_  
Staff, Volunteer or Client Member

Date: \_\_\_\_\_

\_\_\_\_\_  
(Exe. Dir. Hanover Area Council of Churches)

Date: \_\_\_\_\_