

Bushkill Outreach Program, Inc. P.O. Box 103 168 Lehman Park Road Bushkill, PA 18324

570-588-0660 bushkilloutreach@yahoo.com

## **Volunteer Application**

Name.		
iling Address:		
ysical Address:		
one: E	mail:	
ver's License Number:	State:	
Emergency Contact: Phone:		
lunteer interests (check all that a	apply):	
required. (Tue & Thu, approx. 7:30 Unload and put away food items w 10am-12pm)	when the truck returns (Tue & Thu, approximents (Tue-Wed-Thu, 9am-12pm) e-Wed-Thu, 9am-12pm)	
	iling Address:	

## **Volunteer Requirement:**

Volunteers must obtain a criminal history record check through Pennsylvania Access to Criminal History (PATCH) at https://epatch.pa.gov/home. Click on "New Volunteer Record Check," follow the online instructions, then provide the certification form to Bushkill Outreach.

	Wi	nat day / time works best for you?
	0	Tue, 7:30-10:30am (truck driving)
	0	Thu, 7:30-10:30am (truck driving)
	0	Tue, 10am-12pm (truck unloading)
	0	Thu, 10am-12pm (truck unloading)
	0	Tue, 9am-12pm (office hours)
	0	Wed, 9am-12pm (office hours)
	0	Thu, 9am-12 pm (office hours)
	0	Other (please describe):
Do	vo	u want your hours recorded?
•	-	tired Senior Volunteer Program (RSVP)? Y N
•		ights of Columbus? Y N
		······································
Ρle	eas	e be advised of the following:
•	Yo	u may not be medically-covered for accidents that may occur on Bushkill
	Οu	treach premises.
•	No drugs or pets are allowed on premises.	
•	No discrimination is tolerated, including conversations.	
•	All volunteers must have explicit permission from a Board Member to take	
		ything home. This policy applies to everyone at every occurrence.

Print name: \_\_\_\_\_

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

Email Volunteer Application and background check certification form to bushkilloutreach@yahoo.com.

• All volunteers must adhere strictly to these policies at all times.

Bushkill Outreach Program is a 501(c)(3) Non-Profit Organization, EIN 23-2652235.