

Office Use Only:

Center: _____

Program: _____

Team or Individual: _____

Volunteer Application

Please Print

Applicant Information

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Work Phone: _____ May we call work? Yes No

Cell Phone: _____ May we text you? Yes No

Email Address: _____

How would you prefer us to contact you?

Home Phone

Cell Phone

Text Message

Email Address

Emergency Contact Information

Name: _____ Relationship: _____

Best number to reach emergency contact: _____ Home Phone Cell Phone Work

Reference Information

Please provide two references (non-family members) that you have known for at least two years.

Reference #1: _____ Relationship: _____

Home Number: _____ Work Phone: _____ Cell Phone: _____

Reference #2: _____ Relationship: _____

Home Number: _____ Work Phone: _____ Cell Phone: _____

Personal Information

Please check your area(s) of interest:

Office/Clerical Meals on Wheels APPRISE Senior Centers RSVP

Living and Learning Health & Wellness Fundraisers/Special Events Operation Reach Out

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Volunteer Signature: _____

Date: _____

Signature of Parent/Guardian (if applicant is under age 17): _____

Student Graduation Year: _____

Thank you for completing this application form and for your interest in volunteering with us.

Verification/Documentation

- Possess a valid driver's license (Volunteers who operate their own personal vehicle on behalf of Diakon.)
- Maintain Insurance Coverage (Volunteers who operate their own personal vehicle on behalf of Diakon.)
- Provide original driver's license and proof of insurance (Copies will be made at orientation).
- Signed Job Description (varies by program)
- Signed Confidentiality and HIPAA Privacy Acknowledgement Form
- Signed Approval/Denial Photo Release Form

Pennsylvania Access to Criminal History – Criminal Record Check

Due to the vulnerable nature of the clients we serve, Diakon Child, Family and Community Ministries now requires Criminal Record Checks through the Pennsylvania State Police for those individual volunteers age 18 and older. Criminal Record Checks are not required for team members that are members of a corporate team and have completed a criminal record check as part of their employment. The Criminal Record Checks are done with no cost to volunteers and must be completed every four years. If you have completed a Criminal Record Check within the past four years, you may submit a copy of the report to satisfy this requirement.

If you have internet access and/or a printer, visit <https://epatch.state.pa.us/Home.jsp> to complete the record check. The Criminal Record Check may also be completed at the Pottsville office or Senior Centers during training and orientation.

- ✓ Select New Record Check (Volunteers Only)
- ✓ Read the Terms and Conditions for the use of PATCH. Check the box under the Volunteer Acknowledgement Section and then click on Accept.
- ✓ Complete the Personal Information form listing Diakon Community Services as the Volunteer Organization Name and 570-624-3010 for the Volunteer Organization Telephone Number. Click on Next.
- ✓ On the Personal Information Review page, double check the entered information. Click Back to make corrections or Proceed if the listed information is correct.
- ✓ Keep the Invoice for Criminal Record Check for your records. Write down and keep the Control Number to ensure access to your Record Check Certification. If you have access to a printer, print the Response for Criminal Record Check and give it to the staff completing your orientation.

Sample of online form

Home Record Check Help

Personal Information

Please fill in the following form prior to making your record check request. Fields marked with an * are required. A request resulting in an actual criminal record will be sent via U.S. Mail to the name and address listed below.

The system has been updated to allow the requestor to add an email address. When an email address is entered an email confirming that the request was received by the Pennsylvania State Police will be sent. Another email will be sent when the request is completed.

Once this step is completed, information regarding the individual for which you are performing a background check will be gathered. Each background check performed will cost \$ 0.00 dollars.

Reason For Request:	VolunteerFREE ▼
Volunteer Organization Name:	Diakon Community Services *
Volunteer Organization Telephone Number:	570-624-3010
First Name:	_____ *
Middle Name:	_____ *
Last Name:	_____ *
Address Line 1:	_____ *
Address Line 2:	_____ *
City:	_____ *
State:	-- Select a State -- ▼ *
Zip:	_____ *
Country:	UNITED STATES ▼
Email Addr:	_____ *
Confirm Email Addr:	_____ *
Phone Number:	_____ *

Cancel Next >

Our Policy:

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.