

**GREATER NORTH PENN COLLABORATIVE
FOR HEALTH AND HUMAN SERVICES**

C/O
NORTH PENN UNITED WAY
1550 Cowpath Road, PO Box 99
Hatfield, PA 19440
Phone: 215-855-3002
Fax: 215-855-3234
Email: c.detweiler@npuw.org
Website: www.npuw.org

Volunteer Income Tax Assistance Program – Volunteer Application

Application Date: ____/____/____

Name: _____

First

Middle

Last

Address: _____

Street

City

State

Zip Code

Phone: Home _____ Cell _____

Email Address: _____ DOB: ____/____/____

Do you have a valid Driver's License? Yes _____ No _____

Are there any physical conditions that should be taken into consideration when arranging
volunteer assignments for you? Yes _____ No _____

If "Yes", please explain:

Emergency Information

Please list the name of the person we should contact in the case of an emergency:

Name: _____ Relationship: _____

Phone: Home _____ Cell _____

Skills and Interests

Please indicate any additional languages you speak:

- Asian/Indian Dialects
- Chinese
- Korean
- Japanese
- Spanish
- Russian
- Vietnamese
- Other _____

Current/ Previous Work or Occupation

Name of Employer: _____

Name of Business: _____

Phone Number: _____ Occupation: _____

Volunteer Experience

Name of Organization: _____

Name of Supervisor: _____

Phone Number: _____ Type of work: _____

Tell Us about Yourself

Please use the following lines to tell us about your hobbies, interests, and skills.

Do you have any special training or certifications?

What prompted you to volunteer with the United Way?

References – Please list two personal references (other than family members).

Name: _____ Relationship: _____

Address: _____

Street City State Zip Code

Phone: Home _____ Cell _____

Name: _____ Relationship: _____

Address: _____

Street City State Zip Code

Phone: Home _____ Cell _____

Criminal Record

Do you have any criminal convictions/offenses (other than parking violations)? **Yes**____ **No**____

If “Yes” please explain where, when and disposition:

Volunteer Position Preference

Please take a moment to read through each of the volunteer position descriptions. Indicate below which position(s) you are interested in. You may choose more than one.

- Greeter/Screeener
- Site Coordinator
- Quality Reviewer
- Tax Preparer
- Interpreter
- Financial Assistance Coordinator

Please take a moment to read the following statement carefully and then sign below.

I understand that I am not an employee of Greater North Penn Collaborative for Health and Human Services/ North Penn United Way and that in any duties that I perform as a volunteer/ intern, I agree to abide by the procedures set forth for my assisted duties. I also understand that it is my responsibility to update any address, emergency or other changes to the information on this form.

By my signature, I release Greater North Penn Collaborative for Health and Human Services/ North Penn United Way, its employees and agencies from any and all liability, claims and actions that may arise from injury or harm by my action while volunteering/internship. I consent to photographs unless expressing written objections.

Signature

Date

Confidentiality Agreement

I, _____ may view, have access to, or otherwise come across information in the performance of my internship/volunteering with Greater North Penn Collaborative for Health and Human Services/ North Penn United Way.

In consideration of my internship/volunteering from Greater North Penn Collaborative for Health and Human Services/ North Penn United Way, I hereby agree that I will not at any time – either during my internship/volunteering with Greater North Penn Collaborative for Health and Human Services/ North Penn United Way or after my assignment or association ends – use, access, or disclose Greater North Penn Collaborative for Health and Human Services/ North Penn United Way client information to any person or entity, internally or externally, except as is required in the course of my duties and responsibilities with Greater North Penn Collaborative for Health and Human Services/ North Penn United Way. I understand that this obligation extends to any information that I may acquire during the course of my assignment or association with Greater North Penn Collaborative for Health and Human Services/ North Penn United Way, whether in oral, written, or electronic form, and regardless of the manner in which access was obtained.

I also understand that any unauthorized use or disclosure of client information will result in disciplinary action, up to and including termination of my internship/volunteering or association with Greater North Penn Collaborative for Health and Human Services/ North Penn United Way.

Signed: _____ Date: _____