

BERKS DEAF & HARD OF HEARING SERVICES VOLUNTEER SERVICE APPLICATION

Name: _____

Home address: _____

Home phone: _____ Business phone: _____

Email: _____ Birthday: _____

1. How did you hear about Berks Deaf & Hard of Hearing Services?

2. Do you know any sign language? Yes____ No____ If yes, briefly describe your experience: _____

3. Volunteer Experience: _____

4. Skills, interests, and hobbies: _____

5. What type of Volunteer service would you be willing to give?

Transportation

Board Members

Various Fundraising Events

Clerical Work

Computer Technician

Program Assistants

Office Work

Advocacy

Gathering Newsletter Information

Proofreader

Public Relations

Grant Writing

Painting

Craft Group

Photograph For Our Display

Staff Training

Library

Real Time Captioning

Fill Scrapbook

Marketing

Deliver Holiday Baskets

Public Relations

Man Booths

Holiday Decorating

Filing

Handy Andy

Speakers To Educate Public

6. When would you be available for Volunteer work?

Days	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning							
Afternoon							
Evening							

1. Physical limitations or health concerns: _____

2. Who should be contacted in the event of an emergency?

Name: _____ Phone: _____

In case of an emergency, which hospital would you prefer?

Name: _____ Phone: _____

Signature of Applicant: _____ Date: _____

Person Receiving Application: _____