



Dedicated to Serving Immigrant Children and Families
7016 Terminal Square, Suite 1A, Upper Darby, PA 19082
Tel: (484) 461-8660 Email: pkamara@mcfs.org

VOLUNTEER APPLICATION FORM

Name: _____ Date: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Business Phone: _____ Cell: _____

E-mail Address: _____

Date of Birth: _____ Social Security #: _____

Occupation: _____ Employer: _____

Address: _____ Phone #: _____

Special Professional Training, Skills, Hobbies:

Previous Volunteer Experience: _____

Special Certification: _____

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

Have you ever been convicted of or plead guilty to any crime (s)? _____ Yes _____ No

If yes, please explain: _____

Have you ever been refused participation in any other youth program? _____ Yes _____ No

If yes, please explain: _____

What program areas are you interested in volunteering for? () Adult Literacy
() Adult GED; () Older Youth GED Program; () Youth Academic Support/Tutoring;
() Soccer () Mentoring (Please check all that apply)

Please list three references. Include one reference that has knowledge of your participation as a volunteer in a youth program.

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

As a condition of volunteering, I give permission for the Multicultural Community Family Services to complete a background check on me, which may a criminal and child abuse history record.

Applicant Signature: _____ Date: _____