



East Berlin Area Community Center
 405 North Avenue, East Berlin PA 17316
 717-259-8848 www.ebacc.org office@ebacc.org

VOLUNTEER INTEREST FORM

PERSONAL INFORMATION

FIRST NAME _____ LAST NAME _____
 STREET ADDRESS _____
 CITY _____ STATE ___ ZIP _____ BOROUGH/TOWNSHIP _____
 PHONE NUMBER _____ landline cell Do you accept text? Yes No
 EMAIL _____ DATE OF BIRTH _____

EMERGENCY CONTACT INFORMATION

NAME _____ RELATIONSHIP _____ PHONE NUMBER _____

AVAILABILITY

HOW MANY HOURS PER WEEK ARE YOU INTERESTED IN? _____
 ARE YOU ABLE TO WORK ON SHORT NOTICE? _____
 DAYS OF WEEK: Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 WHAT HOURS ARE YOU AVAILABLE? Morning Afternoon Evening

AREAS OF INTEREST

- GENERAL: CLERICAL FUNDRAISING MAINTENANCE/JANITORIAL GARDENING
- YOUTH PROGRAMS: SUMMER CAMP BASKETBALL REC LEAGUE
- SENIOR PROGRAM: OVERSEE PROGRAM PLAN ACTIVITIES
- SPECIAL EVENTS: REGISTRATION PARKING FLOATER WHATEVER IS NEEDED
- RETAIL SALES: ACCEPTING DONATIONS SORTING THRIFT SHOPPE CASHIER
- KITCHEN: BAKING COOKING FOR EVENTS SERVING BANQUETS CASHIER

~over~

VOLUNTEER WITH US!

LEARN NEW SKILLS

MEET NEW PEOPLE

BE PART OF A TEAM

MAKE A DIFFERENCE

HAVE FUN

QUESTIONS

What motivated you to apply to volunteer at EBACC?

What is one unique skill or talent you possess that you think would be useful in this volunteer role?

Is there anything else you'd like to share with us about yourself?

I UNDERSTAND REFERENCES AND BACKGROUND SCREENING MAY BE REQUIRED SPECIFIC POSITIONS

Printed name _____ Signature _____ Date _____