



Volunteer Application

Thank you for your interest in The Learning Lamp. If we make a match and you decide to volunteer with us, we will arrange for you to attend a brief training to help you get acquainted with the program.

PLEASE NOTE: As of January 1, 2015, all volunteers who will be working with children are required to have all three PA state clearances. See last page for information on how to obtain these clearances.

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____

E-mail: _____ Preferred contact method: phone email

Current employment: _____

Education: high school junior college college graduate school (circle one)

Major in college: (if applicable)

Area of study in graduate school: (if applicable)

Do you have any health problems we should be aware of in an emergency?

If yes, please describe:

Whom should we notify in case of an emergency? Name: _____

Relationship to you: _____ Phone: _____

Have you ever been convicted of any criminal charges? yes no (circle one)

If yes, please explain:

What languages besides English, if any, do you speak?

On a scale of 1-5, 1= no knowledge at all, 5= complete fluency, what is your proficiency in this other language?

Please circle your response. 1 2 3 4 5

Have you volunteered before? yes no (*circle one*)

If so, where? _____

What kind of services did you provide?

What was the most positive part of your volunteer experience?

How did you hear about The Learning Lamp? _____

Why do you want to volunteer for The Learning Lamp?

Please list any hobbies, talents, or interests you would like to share with Learning Lamp students:

I already have my three Pennsylvania state clearances: yes no (*circle one*). If no, I understand that I must obtain these clearances prior to volunteering with children at The Learning Lamp. Initial here: _____

PLEASE PROVIDE THREE PERSONAL REFERENCES

List names, addresses, and relationships of three persons not related to you who know your qualifications

Name & Job Title	Address	Phone	Relationship

COMMITMENT STATEMENT

If I am accepted as a Learning Lamp volunteer, I understand that I will be asked to follow through on assigned tasks and notify my immediate supervisor if I am unable to report for a scheduled assignment.

Applicant signature: _____ Date: _____

DISCLOSURE AGREEMENT

The information I have provided above is true. I understand that by submitting this application I am authorizing inquiries to be made concerning my suitability as a volunteer. This will include a check for any past criminal record. The information requested in this application and that which may be obtained subsequently will be used only for the purpose of determining my appropriateness as a volunteer. All information will remain confidential.

Applicant signature: _____ Date: _____

Please return completed applications to:

Kerri Belardi
Director of Communications
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Johnstown, PA 15904
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Email: kbelardi@thelearninglamp.org