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Empowering Lancaster County Families

## **Volunteer Application**

Personnel Services  
601 South Queen Street  
Lancaster PA, 17603  
Phone: 717.299.7388  
Fax: 717.299.9341  
[www.caplanc.org](http://www.caplanc.org)

Please complete this application and email it to  
[marketing@caplanc.org](mailto:marketing@caplanc.org)

## CAP VOLUNTEER

### **WHO IS A VOLUNTEER?**

A volunteer is an individual who is offering their time to complete a task, project, etc., without receiving credit or payment. Services provided are free willingly provided for no financial or social gain. Parental Consent in form of a letter is required for volunteers aged 13 – 17 years.

### **REQUIRED DOCUMENTS**

There are necessary documents to be completed by the potential volunteer in order to be considered for the opportunity. The following documents should be submitted for consideration

- Volunteer application – mandatory for all volunteers
- Clearances: FBI, PA Police State and Child Abuse for 18 years and older.  
Excluded are children under 18 years of age
- Parental Consent Letter for volunteers under the age of 18

Once completed, please forward the CAP Volunteer Application Form, required clearances and any other documents to the supervisor in charge of the department the volunteer wishes to offer time and services for volunteering purposes. Upon approval, the department supervisor in charge must submit all pertinent documentation to Personnel Services office before scheduling for the next available orientation date.

The volunteer will also receive an offer letter stating date and time to attend orientation.

**VOLUNTEER APPLICATION FORM**

Full Name:		
Address:		Postal Code:
Home Number:	Cell Phone:	Work:
Birthdate:	Email Address:	
Employer:	Position:	
Employer's Address:		
Employer's Phone Number:		
Student – School/College:		
Student – School/College phone Number:		
Education and/or Special Training:		
Grade Level Completed:		
Language Skills: <input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other    Please specify:_____		
<b>Emergency Contact # 1</b>		
Name:		
Phone Number:		
<b>Emergency Contact # 2</b>		
Name:		
Phone Number:		

Signature: \_\_\_\_\_

Date: \_\_\_\_\_