

**PAFACOM, INC.**  
**1301 W. Forest Grove Road, Bldg. 3C**  
**Vineland, New Jersey 08360**

**APPLICATION FOR VOLUNTEER POSITION**

Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PLEASE PRINT

1. Name: \_\_\_\_\_  
                    LAST  FIRST  MIDDLE

2. Address: \_\_\_\_\_  
                    STREET  CITY  STATE  ZIP

Telephone: ( \_\_\_\_ ) \_\_\_\_\_

3. Interests, skills, hobbies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you have your own transportation? (     ) Yes     (     ) No  
If No, how will you travel to/from PAFACOM? \_\_\_\_\_

5. Have you ever been convicted of a crime? (     ) Yes     (     ) No  
If Yes, please explain \_\_\_\_\_

6. Health status:     (     ) Excellent     (     ) Good     (     ) Fair     (     ) Poor

7. Are you on any medication or do you have any medical conditions that we should be aware of?  
(     ) Yes     (     ) No  
If Yes, describe condition \_\_\_\_\_

8. Physical Limitations or Restrictions: \_\_\_\_\_  
\_\_\_\_\_

Person to notify in case of emergency:     Name: \_\_\_\_\_

Relationship: \_\_\_\_\_     Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

9. How much time would you like to volunteer?     Weekly \_\_\_\_\_

Monthly \_\_\_\_\_     As Available \_\_\_\_\_

Days and Times available: \_\_\_\_\_

10. What type of volunteer work are you interested in?

- Crafts \_\_\_\_\_ What kind? \_\_\_\_\_
- Work in the Production Workshop \_\_\_\_\_
- Special One-on-One assistance to program recipient \_\_\_\_\_
- Fund-Raising \_\_\_\_\_ Music \_\_\_\_\_
- General duty (doing miscellaneous tasks as they need doing) \_\_\_\_\_
- Special Projects \_\_\_\_\_ Writing/Drawing \_\_\_\_\_
- Office Skills \_\_\_\_\_ Administrative \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

11. Do you prefer: (Circle one)      a) Set schedule      b) To come when available

12. When are you available to start? \_\_\_\_\_

13. Do you wish to volunteer for PAFACOM? \_\_\_\_\_  
\_\_\_\_\_

14. How did you hear about us? \_\_\_\_\_

15. Additional information you may wish to add: \_\_\_\_\_  
\_\_\_\_\_

16. Name, address and phone number of three personal references:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

The above information I have given you is true to the best of my knowledge. I give permission for you to contact the people I have named to obtain personal reference information and to contact local or county government for a background check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of PAFACOM employee completing this form and conducting the interview.