

Volunteer Form

Threshold Foundation, Inc., PO Box 404, Lancaster, PA 17608
(717) 481-8734 www.thresholdpa.org

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ e-mail: _____

Daytime Phone: _____ Evening Phone: _____

Emergency

In an emergency notify: (Name) _____

Relationship _____

Address (if different than above) _____

Emergency telephone _____

Medical

Do you have any medical condition that we should know? (i.e.: heart condition, back problems, asthma; allergies, bee stings, pollen, poison ivy). Specify:

Special Skills

Miscellaneous

Are you a Master Gardener? Yes No

I certify that the information stated on this application is true and correct to best of my knowledge and belief and is made in good faith. Any false statements made by me may be used as a rejection of this application. **All volunteers working directly with children will need clearances and criminal background checks before volunteering.**

It is the intent of Threshold Foundation Inc. to provide equal opportunity to all volunteers, in all terms, privileges and conditions without regard to sex, race, religion, national origin, physical disability, or any other factor.

Thank you for taking the time to fill out this application. Once received your name will be added to the volunteer email list. We look forward to meeting you and appreciate the generous offer of your time and skill.

Mail to: Schirlyn Kamara, P.O. Box 404, Lancaster, Pa 17608

YES. I want to become a volunteer for your organization.

I agree to provide a minimum of ____ hours of volunteer time over the next year
(The year runs from the date this form is signed).

The ways in which I am willing to help are:

- | | |
|---|---|
| <input type="checkbox"/> After School Agricultural Program | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> staffing events | <input type="checkbox"/> Helping to write Newsletter |
| <input type="checkbox"/> Providing food for receptions | <input type="checkbox"/> Week end school programs |
| <input type="checkbox"/> Serving on the Board of Directors | <input type="checkbox"/> Helping with bulk mailings |
| <input type="checkbox"/> Serving at receptions | <input type="checkbox"/> Computer data entry |
| <input type="checkbox"/> Marketing/Farmers market | <input type="checkbox"/> Picking up youth, field trips, |
| <input type="checkbox"/> Coordinating special events | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Summer Program | <input type="checkbox"/> Calligraphy for announcements |
| <input type="checkbox"/> Technical computer assistance | <input type="checkbox"/> Serve on committee |
| <input type="checkbox"/> Writing or researcher | <input type="checkbox"/> Crafts : _____ |
| <input type="checkbox"/> Hydroponics | <input type="checkbox"/> Teach Business to youth |
| <input type="checkbox"/> Workshops related to organic gardening:_____ | |

Workshops that you could present:_____

Other: _____

I have special skills to offer in the following areas: _____

I am available to help at the following times:

- Mornings Evenings Weekdays
 Afternoons Variable Weekends

I prefer to work:

- At a regular schedule Intermittently Other _____

How are you involved with this organization?

- I regularly attend events
 I occasionally attend events
 I am a current donor
 I am a past donor
 I have volunteered in the past

How did you learn about our volunteer opportunities?

- From a friend Newsletter
 Newspaper Ad in the program book
 Posted notice Other: _____

Describe what you want to get from your volunteer experience, by checking all that apply:

- Increase skills (specify what areas: _____)
 Networking opportunities
 Social interaction/fun!
 A sense of giving something back/being of service
 Association with the gardeners or other professionals involved
 An activity different from my work life
 An activity similar to my work life
 Other: _____

Signed:

Name

Date