



PEC Volunteer Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

When are you available to volunteer?

Circle day(s) and time(s)

MON TUE WED THU FRI SAT

Morning Afternoon Evening

What type of volunteer work would you like to do?

Afterschool Tutor _____ Childcare _____

Computer Tech _____ Computer Mentor _____

Office Assistant _____ Food Cupboard _____
(Saturday only)

Other _____

Are you currently employed? _____ Unemployed? _____ Retired? _____ Student? _____ If so, where?

Current employer: _____ Position: _____

Why are you interested in volunteering at PEC? _____ Personal Interest _____ School Requirement
_____ Community Service Requirement Other, please describe _____

Recurring volunteers over the age of 14 must complete PA criminal, ChildLink and FBI clearance checks before the second time they volunteer. Parents/guardians must remain onsite for while their children volunteer. Applications will be forwarded to program managers for their final determination of a volunteer opportunity.

Permission from parent or guardian. Required for youth under 18 years of age.

_____ has my permission to volunteer at PEC.

Age of youth: _____

Signature of parent/guardian: _____

Signature of Applicant: _____

Date: _____

Return to: Trish Downey, Manager of External Communications
People's Emergency Center, 325 N. 39th St., Philadelphia, PA 19104
(267) 777-5811 tdowney@pec-cares.org

Volunteers who come to PEC more than one time need to complete an individual application and the full clearances according to our policies and in compliance with state law. See Trish Downey for instructions.