VOLUNTEER APPLICATION

Thank you for your interest in supporting inclusion in our community.

VOLUNTEER PREFERENCE

☐ PA Inclusive ☐ Coffee Inclusive ☐ Either organization

☐ One-time volunteer ☐ Ongoing volunteer ☐ Not sure yet

CONTACT INFORMATION

Full name: _____	**Date of birth:** _____
Street address: _____	**City/State/ZIP:** _____
Cell phone: _____	**Email address:** _____

☐ Preferred contact: Email ☐ Phone ☐ Text

Emergency contact: _____	**Emergency phone:** _____

AVAILABILITY

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

☐ Morning ☐ Afternoon ☐ Evening ☐ Flexible

Preferred start date: _____	**Specific availability or limits:** _____

VOLUNTEER INTERESTS

Check all areas that interest you. Final assignments depend on program needs, training, and required clearances.

PA Inclusive opportunities	Coffee Inclusive opportunities
☐ Direct support/social activities	☐ Kitchen prep, baking, or dishes
☐ Job readiness or life-skills support	☐ Customer service or table support
☐ Community events or advocacy	☐ Coffee preparation
☐ Administrative or marketing help	☐ Training/coaching support
☐ Fundraising or event support	☐ Cleaning, events, or fundraising

☐ Other: _____

ABOUT YOU

Why would you like to volunteer with us?

_____

_____

Skills, interests, accommodations, or information that would help us create a successful experience:

_____

_____

EXPERIENCE AND REFERENCES

Briefly list relevant volunteer, work, school, or community experience. Experience is welcome but not required.

Organization	Role or responsibilities	Dates

References (not related to you)

Reference 1 - Name: _____	**Phone/email:** _____
Relationship: _____	**Years known:** _____
Reference 2 - Name: _____	**Phone/email:** _____
Relationship: _____	**Years known:** _____

BACKGROUND INFORMATION

For each question, check Yes or No. A yes response does not automatically disqualify an applicant. Explain any yes response below.

Question	Yes	No
Have you ever been convicted of a felony?	☐	☐
Do you have any pending criminal charges?	☐	☐
Have you ever been subject to a civil protective order involving violence or abuse?	☐	☐
Have you ever been investigated for or charged with child abuse or neglect?	☐	☐
Is there anything else that could affect your ability to safely support children or people with intellectual or developmental disabilities?	☐	☐

If you answered Yes to any question, please explain:

_____

_____

AUTHORIZATION AND CERTIFICATION

I certify that the information in this application is true and complete to the best of my knowledge. I understand that false or omitted information may disqualify me or end a volunteer assignment. I authorize PA Inclusive and/or Coffee Inclusive to verify information and conduct background checks as permitted by law and as required for the volunteer role.

☐ I consent to required background checks.

Applicant signature: _____	**Date:** _____

COMMUNICATION PERMISSION (OPTIONAL)

☐ Yes, send me organizational news and volunteer updates by email. ☐ No, thank you.

Please return to info@painclusive.org or at any Coffee Inclusive location.