



# MIDDLECREEK AREA COMMUNITY CENTER

## Volunteer Application

Thank you for considering the Middlecreek Area Community Center as a place to donate your time and talents. Volunteers are vital to the MACC!

You will find questions on this form about your background, places of employment, etc. We require a child abuse clearance, criminal history clearance and reference checks on all volunteers. It is just one of the many ways we help protect children and others served by the MACC.

Today's Date: \_\_\_\_\_ (Month/Day/Year)

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you a member of the MACC? (Membership is not required): \_\_\_\_\_

Are you 18 years of age or over? Yes or No  
(If no, please have your parent or guardian sign the application too.)

### Emergency Contact

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Education**

Please circle the highest level of education completed. Formal education is not required to be a volunteer.

High School    Trade or Business    College    Military    Other

**References**

Please list two people besides relatives and employers whom you have known for at least 2 years and who know you well enough to provide us with a reference.

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Please list the names of any relatives, friends, or acquaintances employed by the MACC and their relationship to you.

\_\_\_\_\_  
\_\_\_\_\_

**Liability Waiver**

I, \_\_\_\_\_, the undersigned and my immediate family, release the Middlecreek Area Community Center from any and all personal injuries or property loss or damage incurred by reason of performing volunteer activities at the MACC.

Your signature: \_\_\_\_\_

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

Parent's or guardian's signature (if under 18): \_\_\_\_\_

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

**Volunteer Interests**

**Best days of the week for volunteer work (circle all that apply):**

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

**Best time of day for volunteer work (circle all that apply):**

Before 8:00 AM 8:00-10:00 AM 10:00 AM-12:00 PM 12:00-2:00 PM  
2:00-4:00 PM 4:00-6:00 PM 6:00-8:00 PM 8:00-9:00 PM Other: \_\_\_\_\_

Why would you like to volunteer?

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Are there any skills, talents, or interests you'd like to share here at the MACC?

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What other organizations have you volunteered for, if any?

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Have you heard about any volunteer opportunities that interest you?

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**I am interested in helping with the following: (circle all that apply)**

Cooking for Events Cleaning Fitness Food Distribution Fundraising Leagues  
Maintenance Special Events Tournaments Other: \_\_\_\_\_

**Background**

Have you ever been convicted of a criminal offense or are registered as a sex offender?  
If yes, what and when was it? \_\_\_\_\_

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**Clearances**

Please attach required clearances to the application. The following are links to the websites to complete the free clearance as a volunteer. Clearances are required for new volunteers and must be returned to the MACC prior to volunteer service.

1. **State Criminal History**  
<https://epatch.state.pa.us/>
2. **Child Abuse History**  
<https://www.compass.state.pa.us/cwis/public/home>

## For Office Use Only

Applicant First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

State Criminal History Report

Date Received: \_\_\_\_\_ Pass/Fail: \_\_\_\_\_

Child Abuse History

Date Received: \_\_\_\_\_ Pass/Fail: \_\_\_\_\_

Volunteer Status: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_