Franklin County Volunteer Ombudsman Application



Contact Information
Name
Street Address
City, State Zip Code
Home Phone
Work Phone
E-Mail Address
*Date of Birth(mm/dd/year) Social Security #
Availability
During which hours are you available for volunteer assignments?
Wookday marnings Wookond marnings
Weekday mornings Weekend mornings Weekend afternoons
Weekday evenings Weekend evenings
Frequency of volunteer availability (e.g. weekly, semi-monthly, monthly, etc.)
- 4
What Brought You to Us
Why do you want to volunteer with our organization?
How would you like to help our organization?
How did you hear about our organization?
Special Skills or Qualifications Summarize special skills and qualifications you have acquired from employment, previous volunteer work education or through other activities, including hobbies.

^{*} Full number required for background check.

Previous Volunteer Experience			
Summarize your previous volunteer experience.			
References			
Please provide the nam	e, address and phone numbe	r of three non-family members who can provide	
•	ity to perform this volunteer	•	
,			
1. Name			
Street Address			
City, State ZIP Code			
Home Phone / Email			
2. Name			
Street Address			
City, State ZIP Code			
Home Phone / Email			
3. Name			
Street Address			
City, State ZIP Code			
Home Phone / Email			
Agreement and Signat			
		set forth in it are true and complete. I understand the	
•	-	s, omissions, or other misrepresentations made by me	
on this application may	result in my immediate dism	issai.	
Name (printed)			
Signature			
Date			

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us! Please return this form to tsday@franklincountypa.gov.