



# Volunteer Application Form

*A HEARTFELT THANK YOU for giving us **your time**,  
sharing with us **your talent**,  
and uplifting us with **your generous spirit***

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_

Primary Phone \_\_\_\_\_ Best time to contact you? \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Service Requirements \_\_\_\_\_ Hours Required \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## ***Primary Emergency Contact Information***

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

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

Primary Phone: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

## ***Secondary Emergency Contact Information***

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

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

Primary Phone: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

### *Availability Information*

When are you normally available to volunteer?

<b>Monday</b>	Morning _____	Afternoon _____	Evening _____
<b>Tuesday</b>	Morning _____	Afternoon _____	Evening _____
<b>Wednesday</b>	Morning _____	Afternoon _____	Evening _____
<b>Thursday</b>	Morning _____	Afternoon _____	Evening _____
<b>Friday</b>	Morning _____	Afternoon _____	Evening _____
<b>Saturday</b>	Morning _____	Afternoon _____	Evening _____
<b>Sunday</b>	Morning _____	Afternoon _____	Evening _____

I would like to serve for \_\_\_\_\_ hours per \_\_\_\_\_ (day / week / month)

I am available to start as a volunteer as of \_\_\_\_\_

I am NOT available during the months of \_\_\_\_\_

I want to volunteer at Cranaleith because: \_\_\_\_\_

\_\_\_\_\_

Describe any relevant work or volunteer experiences, skills, hobbies or interests. \_\_\_\_\_

\_\_\_\_\_

*Which volunteer activities could you do?*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Admin Support   | <input type="checkbox"/> Gardening      | <input type="checkbox"/> Maintenance      |
| <input type="checkbox"/> Flower Bed Care | <input type="checkbox"/> General Helper | <input type="checkbox"/> Program Support  |
| <input type="checkbox"/> Events Set-up   | <input type="checkbox"/> Hospitality    | <input type="checkbox"/> Property Cleanup |
| <input type="checkbox"/> Events Support  | <input type="checkbox"/> Lawn upkeep    | <input type="checkbox"/> Snow Shoveling   |

Initial here: \_\_\_\_\_

### ***Photographic Release***

The undersigned Volunteer or Parent/Legal Guardian of Volunteer if Volunteer is under age 18 (hereafter referred to using "I", "me", or "my") hereby grants to Cranaleith Spiritual Center, and each of its subsidiaries, affiliates, agents, advertising or promotional agencies, and partners, and all such entities' officers, directors, agents, employees, respective successors and assigns (collectively, "Authorized Parties"), the permission to use, publish, broadcast and/or copyright the use of Volunteer's name, voice, photograph and/or likeness, caricature, and personal information, in its current form or as retouched, digitized, cropped, altered, distorted or modified in any way, in any and all advertising, promotional, or other materials based upon or derived from the Volunteer Activities in any manner, in any media whatsoever for any and all purposes, including by way of example but without limitation advertising, promoting or publicizing products and services throughout the universe, in perpetuity, in any and all media now known or hereafter devised (including without limitation on the Internet), without additional compensation. I further agree that anything derived there from will be owned solely by the Authorized Parties. I shall not authorize the use of any print, negative or other copy thereof by anyone other than the Authorized Parties.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

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(Signature of Volunteer)

Date

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

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(Signature of Parent/Legal Guardian if Volunteer is Under 18)

Date

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

## RELEASE OF LIABILITY

The under- signed Volunteer or Parent/Legal Guardian of Volunteer if Volunteer is under age 18 (hereafter re- ferred to using “I”, “me”, or “my”) releases and agrees not to sue the Cranaleith Spiritual Center or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates (“the Center”) from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property dam- age, personal injury, or wrongful death arising as a result of my participation in the Volunteer Activities wherever, whenever, or however the same may occur.

I understand and agree that the Center is not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise.

I understand that the Volunteer Activities I perform could be hazardous to me, and could result in serious injury or death. I am voluntarily participating in the Volunteer Activities with knowledge of the danger involved and I agree to accept all risks of participation.

I also agree to indemnify and hold harmless the Center for all claims arising out of my participation in the Volunteer Activities.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I also acknowledge that the Center have not arranged and do not carry any insurance of any kind for my benefit or that of Volunteer (if Volunteer is under 18), my parents, guardians, trustees, heirs, executors, administrators, successors and assigns. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Volunteer Activities.

I also understand that this document is a contract which grants certain rights to and eliminates the liability of the Center.

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(Signature of Volunteer)

Date

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

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(Signature of Parent/Legal Guardian if Volunteer is Under 18)

Date

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

Initial here: \_\_\_\_\_

## REQUIRED CLEARANCES

Cranaleith Spiritual Center requires staff and volunteers to obtain **all three clearances** listed below as mandated by the Department of Human Services (DHS) for reasons to protect the safety of the individuals we serve in the community. These must be obtained in a timely manner, within 1 month of service and updated when necessary (every 5 years). Copies of all clearances must be submitted to Cranaleith Spiritual Center. Any volunteer that does not comply will be placed on leave until clearances are up to date. Once all clearances are on file, you will be in compliance, and may return to service.

We ask that each person pay for clearances first and then get reimbursed later. See reimbursement instructions on how to do so. Your cooperation is highly appreciated.

Thank you!

## REQUIRED CLEARANCES

### 1. Pennsylvania State Police Criminal History Clearance:

- a. <https://epatch.state.pa.us/Home.jsp>
- b. Fee - Free — Volunteers
- c. Click on “Submit New Record Check”

### 2. Pennsylvania Child Abuse History Clearance:

- a. <https://www.compass.state.pa.us/cwis/public/home>
- b. Fee - Free — Volunteers
- c. Click on “CREATE INDIVIDUAL ACCOUNT”
- d. Required information.
  - PREVIOUS ADDRESSES SINCE 1975
  - List of household members/everyone who lived with you at any time since **1975** to the present
    - Name, Relationship, present age, and sex

### 3. Federal Bureau of Investigations (FBI) Criminal History Clearance:

- a. <https://www.dhs.pa.gov/KeepKidsSafe/Clearances/Pages/FBI-Fingerprinting.aspx>
- b. Fee \$22.60 (Cranaleith will reimburse, contact Sokmala Chy)
- c. Enter **SERVICE CODE**: 1KG6XN
- d. Click schedule or manage appointment and provide the information required.

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## FOR GENERAL QUESTIONS AND ASSISTANCE WITH ONLINE PORTALS

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Please contact Sokmala Chy, Operations Manager, at [schy@cranaleith.org](mailto:schy@cranaleith.org) or (215) 934-6206, ext. 106