



Last Name: _____ First Name _____

Street Address: _____ DOB: _____

City/Town: _____ Phone # _____

Your Email: _____

If you are under 18, please check this space: _____

Parent's Signature and Date: _____

Emergency Contact

Last Name _____ First Name _____

Phone Number: _____

What areas of Community Hive are you interested in volunteering?

- Meals on Wheels Driver
- Hand-Up Exchange Pantry
- Front Office/Administrative
- Unsure/Would like a tour

What times are you available?

- Monday: AM or PM
- Tuesday: AM or PM
- Wednesday: AM or PM
- Thursday: AM or PM
- Friday: AM or PM

Are you a current client of Community Hive? _____

Signature: _____ Date: _____

*Please note Criminal Background Clearances are required for all new volunteers. For Pennsylvania State Police Criminal Record Check, visit epatch.state.pa.us. This is FREE for all volunteers. Please return application with clearance information.