



Sunbury's Revitalization, Inc.

450 Chestnut Street | Sunbury, PA 17801  
Phone (570) 286-7768 | hello@sunburyrevitalization.org

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

Staff: \_\_\_\_\_

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Application \_\_\_\_\_

Waiver \_\_\_\_\_

Confident \_\_\_\_\_

PAWCL \_\_\_\_\_

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

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

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

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

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Business/Employer: \_\_\_\_\_

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

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

Primary Email Address: \_\_\_\_\_

Preferred mailing address for SRI Correspondence? HOME / BUSINESS (Please circle one)

Preferred phone number for SRI Communication? HOME / BUSINESS (Please circle one)

Length of time at current address: \_\_\_\_\_ Years / Months

Length of time with current Employers: \_\_\_\_\_ Years / Months

In case of an emergency, please contact:

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

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

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Do you have any limitations we should know about, please explain: \_\_\_\_\_

Please list any skills, hobbies or interests you would like us to know about: \_\_\_\_\_

Have you volunteered in the past: Yes / No (Circle One) If yes, please list the organizations and positions held: \_\_\_\_\_



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Are you currently a volunteer: Yes / No (Circle One). If yes, please list the organizations and positions maintained: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

**\*\*Formal education is not required to be a volunteer\*\***

Highest level of education completed (Please check what applies):

- High School/GED     Trade School or Business     College     Military     Other

**GENERAL INFORMATION**

Are you authorized to work in the United States? Yes / No (Circle One)

Are you 18 years of age or older: Yes / No (Circle One)

Have you ever been convicted of a Felony? Yes / No (Circle One)

(A Felony conviction will not necessarily be a barrier to volunteering with our organization. All factors, including the nature of the infraction, the date of the conviction, the rehabilitation and the job for which you are applying will be considered. However, felony convictions involving dishonesty or breach of trust will be a barrier to employment at our organization unless proper regulatory clearance is acquired.)

If requested, are you able to provide a copy of an ACT 151 Clearance: Yes / No (Circle One)

**REFERENCES:**

Please provide two people other than a relative or employer whom you have known for the last 2 years.

1. Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number: \_\_\_\_ ( ) \_\_\_\_\_ Relationship to Volunteer: \_\_\_\_\_

2. Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number: \_\_\_\_ ( ) \_\_\_\_\_ Relationship to Volunteer: \_\_\_\_\_

**VOLUNTEER INTERESTS** (check all that apply)

- Sunbury River Festival     Brews on Lake Augusta     Summer Movie Series     Late Night Shoppers  
 Business & Economic Development Committee     Hometown Hero Banner Program     Community Outreach  
 Susquehanna River Clean Up Project     Downtown (Old Towne Neighborhood Committee)  
 The Albright Center for the Arts     General Office Support     Fundraising     Wherever I Am Needed

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

*If a volunteer is under the age of 18, a parent/guardian must sign this form.*



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## Liability Waiver

I, \_\_\_\_\_, the undersigned and my immediate family, release Sunbury's Revitalization Inc. (SRI) from any and all personal injury or property loss or damage incurred by reason of performing volunteer activities at SRI office or another location

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

Signature: \_\_\_\_\_

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