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**Volunteer Application**

Please complete this form as accurately as possible.

All information will be kept completely confidential and will not be shared with any third party.

**Thank you** for your interest in helping WITF!

Without volunteers, we would not be able to provide the quality services we are known for.

*\* denotes required information*

Date\*: MM/DD/YR

First Name\*:

Last Name\*:

Street Address\*:

City\*:       State\*:       Zip Code\*:

Preferred Phone:

Email Address:

Employer:      Birth Date: MM/DD/YR

Please list any special skills, training or areas of interest:

Are you completing this volunteer service as part of a required court-mandate?  Yes  No

**In an emergency, notify:**

Name:       Relationship:

Preferred Phone:        Home  Office  Mobile Phone

**I would prefer to volunteer on the following days and times:**

Mornings (approx. 9am – 1pm)  Afternoons (approx. 1pm – 5pm)  Evenings (approx. 5pm – 9pm)

Mon.  Tues. Wed.  Thurs.  Fri.  Sat.  Sun.

**I would prefer to work as:**

*WITF- TV & WITF FM* *Telephone Volunteers* answer incoming calls during our annual membership campaigns.

*Administrative Support Volunteers* assist with educational activities, data entry, bulk mailing and more.

*WITF Receptionist Volunteers* provide back up support for the WITF receptionist, answering phones and directing calls to appropriate staff.

*WITF Smart Talk Radio Volunteers* respond to listener phone calls and emails every weekday from 9AM – 10AM, assisting the FM production staff in producing this daily show.

*Community and Special Event Volunteers* serve as a WITF Ambassadors at community events such as arts festivals, local concerts and many others, or special events held at our Public Media Center.

*WITF Public Media Center Tour Guides* engage groups of community members during a tour of the WITF Public Media Center, describing how WITF provides its many services to the community.

**How did you learn about volunteering at witf, Inc.?**

Friend  **witf**.org  VolunteerMatch.org Idealist.org  Self-referred  Other:

A current **witf** employee *(name?)*       A current **witf** volunteer *(name?)*

**Please provide the names and contact information for at least two persons who can serve as references for you:**

Reference 1:

Reference 2:

Thank you for taking time to fill out this application. Once received, you will be contacted by the Volunteer Coordinator and may be invited to schedule a discussion about available positions (*all volunteer positions require a defined commitment of your time*). We look forward to meeting you and appreciate the generous offer of your time and skill!

Whitney Johnson, Development Outreach Coordinator

**witf** Public Media Center

4801 Lindle Road

Harrisburg, PA 17111

Whitney\_johnson@witf.org

717.910.2872

800.366.9483, x. 2872

**Volunteer Confidentiality Agreement and Policy Manual Acknowledgement**

During the course of my assignment at **witf**, I may come into possession of or have access to confidential information collected by **witf** regarding its donors, volunteers, or staff. This includes but is not limited to information that is in printed or written form, spoken verbally, in email, on a computer screen, on a computer disk, or in a voicemail. It is the responsibility of volunteers working with this information in any of WITF’s programs or in any other way doing volunteer work on the organization’s behalf to protect that information in any way possible.

I understand that such confidential and personal information must be maintained in the strictest confidence. I hereby agree that I will not at any time during or after my assignment with WITF disclose any confidential information.

I understand that I must complete applications for Criminal Background and PA Child Abuse History Clearance Checks, or provide proof these applications have been completed previously, then make available the results to WITF before specific volunteer activities may be assigned.

I have read this agreement and understand that violation of this agreement may result in corrective action byWITF.

I hereby acknowledge that I also have read and understand the WITFVolunteer Policy Manual.

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Signature of Volunteer Date

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Print Name