

Volunteer Application
Fellowship Community
3000 Fellowship Dr. Whitehall, Pa 18052
610-799-3000

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Previous Work Experience
Company & Responsibilities:

Previous Volunteer Experience
Organization & Responsibilities:

Physical Limitations _____

In Case of Emergency contact _____

Why do you want to volunteer at Fellowship?

Days Available _____ Hours Available _____

Did someone refer you to Fellowship? _____

Hobbies _____

Your Birthday _____

Please include any questions or comments:

List three references:

Thank you for your interest in being a part of Fellowship Community!