

Allegheny Community Center
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Allegheny Volunteer Alliance

(Formerly the Warren/Forest Counties RSVP program)

Volunteer Enrollment Form

(PLEASE PRINT)



Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Phone No: (_____) _____ Are you a Veteran? ___ Yes ___ No

Current Emergency Contact: _____ Phone: (_____) _____
Relationship: _____

Driver's License (fill in if you are driving to a volunteer assignment)

Current Insurance Company: _____ License Number: _____

Current Expiration Date: _____

I understand that if I use my personal automobile to and from my volunteer work station, I will arrange to keep in effect automobile insurance equal to or greater than the minimum required by the state.

Current beneficiary for Supplemental Accident Insurance:

Name: _____ Relationship: _____ Phone: _____

Organizations/Community needed interest in: _____

What physical conditions should be taken into consideration wherever you are to volunteer?

Previous work or occupation: _____

Volunteer position(s) desired: _____

Special On-Call list: This is a list we refer to when local non-profits are looking for one time assistance with special events or fundraising events. WE also like to have a pool of people who are willing to occasionally transport people to doctor's appointments. We will call volunteers on our list when we receive requests for assistance from the non-profits.

Would you like to be included on our Special On-Call List? ___ Yes ___ No

May we use your photo, if taken during a volunteer event, in the newspaper or newsletter? ___ Yes ___ No

I volunteer my services through the Experience, Inc. AVA program and understand that I am not an employee of the Allegheny Community Center or Experience, Inc.

I understand that if I volunteer one-on-one with someone outside of an approved volunteer station, I will need to obtain my Criminal Record History, Child Abuse History (if working with youth), & an FBI Record checks. Yes ___ No ___

Signature of Volunteer: _____ Date: _____

Signature of AVA Director : _____ Date: _____

The Allegheny Volunteer Alliance program is an affiliate of the Allegheny Community Center, Experience, Inc., and a United Fund of Warren County member agency.