



PA Dairymen's Association

Volunteer Application _____

Volunteer Information

Volunteer Full Name: _____ Date: _____
Last First M.I.

Volunteer Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

- Check position: Flexible Work (Preferred) _____ Food Prep _____ Counter/Cashier _____
- Preferred Method of Contact: Email _____ Text _____ Phone _____
- Have you volunteered for the PA Dairymen's Association previously? YES NO
- Did you review the details of the jobs? YES NO
- You understand that the positions require one to be on their feet from 4 - 6 hours YES NO
- Are you able to use a device for online scheduling purposes? Yes ___ No ___

Volunteer Organization Information

Official Name of Organization: _____

Mailing Address: _____

City: _____ State _____ Zip Code _____

Phone Number: _____ Email address: _____

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: _____ Date: _____