

HOPEWELL TOWNSHIP
1700 Clark Boulevard, Aliquippa, PA 15001
724-378-1460



Volunteer Service Application

Applicant must be approved by the Township Manager and Chief of Police before volunteering.

- *Must be attached: ~Hold Harmless Agreement/Waiver ~Copy of Driver License
~Act 151: PA Child Abuse History Results ~Act 34: PA Criminal Record Check--
Completed Form ONLY-the Township will file and pay for the request.

Applicant Information

- *Name: _____ *Emergency Contact Name and Number: _____
*Address: _____

*Phone: _____ *Are you a Hopewell Township resident? Yes No
*Date of Birth: _____ *Driver's License Number _____

If applicant is under the age of 18:

- Parent/Guardian Name: _____ Phone: _____
Address: _____

- *****
*Group Affiliation: Girl Scouts Boy/Cub Scouts School Community
Other _____

*Desired location for service: _____

*Preferred type of service: _____

- *Any physical limitations? Yes No Allergies? Yes No

If yes, please explain:

*Applicant Signature _____ Date _____

Parent/Guardian Signature (if applicant is under the age of 18) _____

Chief of Police Approval _____ Date _____ Signature _____

(Printed Name)

Township Manager Approval _____ Date _____ Signature _____

(Printed Name)