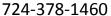
HOPEWELL TOWNSHIP

1700 Clark Boulevard, Aliquippa, PA 15001







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.

*Name:*Address:			*Emorgoney Co				
*Phone:			*Are vou a Hor	newell Township re	sident? Yes	 No	
*Date of Birth:			*Driver's License Number				
If applicant is under the age							
Parent/Guardian Name:			Phone:				
Address:							
*******					******	*****	
*Group Affiliation:			Boy/Cub Scouts	School	Community	/	
*Desired location for service						-	
*Preferred type of service:							
*Any physical limitations? If yes, please explain:	Yes	No	Allergie	s? Yes No			

*Applicant Signature				Date			
Parent/Guardian Signature	(if applicant is ι	under t	he age of 18)				
Chief of Police Approval			Date	Signature			
(Printed Name)			Data	Cignoture			
Township Manager Approv	dl		Date	Signature			
(Printed Name)					 Pub.	9/13	