



## PCFLV Volunteer Application

### **Overview:**

Volunteer opportunities are intended to give individuals an opportunity to provide a service to PCFLV either during a one-time assignment or on a continual basis.

### **Eligibility:**

**One time applicants/Community Service:** For applicants who wish to volunteer one time or for applicants under 18, you will not need to obtain clearances. However, we will not allow you to have any direct contact with children unless you are supervised by someone who has their clearances. These opportunities to be in contact with children will be made at the discretion of PCFLV staff on an individual basis and be partly decided by determining what other volunteers may be present to provide your supervision.

**On-going Volunteers:** If you will have direct contact with children at certain PCFLV events, you must pass a criminal background check and child abuse clearance. Some assignments (i.e. clerical work in our office) do not require this.

### **CRIMINAL BACKGROUND APPLICATION:**

Here is the link for the PA Criminal Background. <https://epatch.state.pa.us/Home.jsp>. You must use a credit card. The fee is \$8.00. You can do this on-line and print out your results. If you do begin volunteering for us and you retain your receipt, we can reimburse you if you would like. We can't reimburse you without a receipt!

### **CHILD ABUSE CLEARANCE:**

Here is the link to obtain your child abuse clearance: <https://www.compass.state.pa.us/cwis/public/home>. You will create an individual log-in. When you check that you are applying to volunteer there is no fee.

### **LEHIGH VALLEY HOSPITAL VISITS WITH PCFLV:**

For applicants who wish to volunteer with PCFLV during hospital visits to the pediatric unit at LVHN-Cedar Crest, you MUST complete the hospital's volunteer certification process. In this case, they will take care of the Criminal Background Check and Child Abuse Clearance for you.

To begin this process, go to [http://www.lvhn.org/become\\_a\\_volunteer](http://www.lvhn.org/become_a_volunteer). The preference site should be listed as Cedar Crest. If you are volunteering under PCFLV some of the hospital guidelines will not apply to you such as not needing to commit to 50 hours as stated or not needing to purchase a hospital uniform.

### **THE MOST EFFECTIVE WAY TO GET INVOLVED:**

Due to the volume of volunteer requests we receive, the best way to get involved is to give us authorization to add your name to our group emails that get send out (through Constant Contact) when there is a volunteer need or general support need. If you email [lisa@pcfvl.org](mailto:lisa@pcfvl.org) we will get you added immediately, with your permission.

We also announce most of our needs on Facebook our page, "Pediatric Cancer Foundation of the Lehigh Valley". Additionally, please search for the "Friends of PCFLV" group and ask to join. If you still want to complete the attached application on this website, we will follow up with you after we receive your application. Again, we ask highly encourage that you be involved in our volunteer opportunities through social media due to the volume of volunteer requests we receive. We apologize but it is difficult to personally discuss all the events and opportunities we offer with each potential inquiry. Thank you for your understanding.



## VOLUNTEER APPLICATION

If you wish to complete a written application please email or mail this form to:

**Lisa Kappes**  
**PCFLV Assistant Executive Director**  
**25 W. Third St.**  
**Bethlehem, PA 18015**  
**Lisa@pcflv.org**

Today's Date:

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

Nickname \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address \_\_\_\_\_

Do you give PCFLV permission to add you to email lists for general/volunteer help requests: \_\_\_\_\_

Home address \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Home Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name and Number \_\_\_\_\_

Is Your Volunteer Interest:

Ongoing \_\_\_\_\_

One time \_\_\_\_\_

For community service \_\_\_\_\_

Please describe your interest in volunteering for PCFLV:

Do you have any special skills, needs, or requests that you bring to your volunteer experience? \_\_\_\_\_

\_\_\_\_\_

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The following is a list of volunteer opportunities common to PCFLV. Please place a check mark next to all of those that interest you.

- LVHN inpatient visits\* (additionally requires hospital certification)
- Community outreach (representing PCFLV at community functions)
- Organize a fundraiser
- Solicit donations from local businesses
- Media outreach (Press Releases, Contact local newspapers, etc.)
- In-office clerical work
- Participation in annual programming events for children and families (Big Top Carnival, family outings in the community. PCFLV parents are with children).
- Participation in monthly programs for children and families\* (Art soup, child care for parent date nights. PCFLV children are not with their parents.)
- Participation in large annual fundraising events (Run to LIVE, Golf Tournament, Gala)
- Participation in Camp SMILE (our annual 5-day summer day camp)\*
- Coordinating sales of PCFLV merchandise
- Participation in Spread the Gold/Awareness committee from May to September
- Family respite - visiting with inpatient children to give parents a break\* (requires additional hospital certification)
- I would be willing to head or chair a committee for one of the above volunteer categories. Which one? \_\_\_\_\_

\*Requires Criminal Background Check and Child Abuse Clearance

### **Emergency Information**

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

List any medications: \_\_\_\_\_

List of any allergies: \_\_\_\_\_

Other comments: \_\_\_\_\_

Name of Medical Insurance Carrier/Policy #: \_\_\_\_\_

Phone: \_\_\_\_\_

