

H.E.L.P., Inc. VOLUNTEER APPLICATION

DATE _____

NAME _____ I am over 18 years of age
Last First

ADDRESS: _____ CITY _____ ZIP _____

PHONE _____ EMAIL ADDRESS _____

Note: If you are currently a client of HELP, Inc., it is not possible for you to volunteer.

What Days Are You Available
To Volunteer?

Please Indicate: Morning Shift: 9am – Noon _____ Afternoon Shift: Noon – 3:00pm _____
Friday Morning Shift: 9am – Noon _____

Area of Work Preference: Intake/Computer Front Office _____
Warehouse _____ Thrift Store _____

Your Skills: Computer/Interacting with Clients _____ Capable of Lifting _____
Okay standing _____ Cash Register _____ Sorting and Pricing Clothing _____

Briefly share why you wish to volunteer with H.E.L.P., Inc. _____

In Case of Emergency: Person to Call _____

Relationship to You _____ Phone _____

OFFICE NOTES:

Staff who interviewed applicant _____

Date to begin _____ Department and Shift _____