



HOPE
EMPATHY
LOVE
PRAYER

H.E.L.P., INC.

HOPE, EMPATHY, LOVE & PRAYER

53 South 6th Street, Banning, CA 92220

Phone: (951) 922-2305 • Fax: (951) 922-1183

Website: www.helpincpantry.com

Volunteer Application Form

DATE: _____

NAME: _____ D.O.B.: _____

ADDRESS: _____

CITY: _____ PHONE #: _____

WHAT DAYS CAN YOU WORK? (Circle All that Apply) Mon Tues Wed Thur Fri Sat A.M. P.M.

PREFERENCE: Front Office Food Distribution Clothing

SKILLS: Computer Secretarial Capable of Lifting

HAVE YOU PREVIOUSLY WORKED WITH THE PUBLIC? (Check One) Yes No

ARE YOU A CLIENT OF H.E.L.P. INC.? (Check One) Yes No

IN CASE OF EMERGENCY - PERSON TO CALL: _____

RELATIONSHIP TO YOU: _____ PHONE #: _____

DOCTOR (Optional): _____ PHONE #: _____

REFERRED BY: _____

APPROVED BY: _____



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Document of Understanding

I _____ hereby certify that I have read and understand the Articles of Incorporation for H.E.L.P., Inc. I also understand that all USDA commodities under H.E.L.P., Inc.'s control are for exclusive distribution to, and consumption by, our Clients. Said commodities may not be sold nor used by anyone other than those certified on the "Self-Certification" form.

I agree to provide my services on a volunteer basis without compensation in any form. And, as a member of H.E.L.P., Inc., I will comply with the above and with other guidelines that may be issued by Management from time-to-time.

SIGNED: _____ DATE: _____

ACCEPTED BY: _____ (Area Manager)

H.E.L.P., Inc. is an interdenominational non-profit charitable corporation, under IRS Section 501(c)(3).