



Volunteer Application

OPEN HEARTS, OPEN HANDS

Name: _____

Today's date: _____

Address: _____

Address: _____

Phone #: _____

Birth date: _____

Email: _____

Have you ever been convicted of a crime or used illegal drugs? _____

Would it be a problem if we need a criminal background check? _____

Church / Service Club or Organization Affiliation: _____

References:

Name: _____

Address: _____

Address: _____

Phone #: _____

How does this person know you? _____

Name: _____

Address: _____

Address: _____

Phone #: _____

How does this person know you? _____

Experience: Please note any relevant experience (Paid or unpaid) that might help us place you in an appropriate role here. _____

Do you have any special skills?

- | | | |
|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Computers | <input type="checkbox"/> Social Service experience | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Warehouse | <input type="checkbox"/> Public relations or media | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Trucking | <input type="checkbox"/> Grocery experience | <input type="checkbox"/> Inventory |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Desktop publishing | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Retail experience | <input type="checkbox"/> Gardening |

Please select which category best fits you.

- I would like to volunteer for committee work, fund raising, public speaking.
 I would like to volunteer for occasional, special projects.
 I would like to volunteer for a regular schedule.

Best day(s) for me to volunteer: (Please circle all that apply.)

Monday	Tuesday	Wednesday	Thursday	Friday
10-2	10-2	10-2	10-2	10-2

- The second Tuesday of the month from 6-8 pm
 The last Tuesday of the month 6-8 pm

Please check all opportunities that you are interested in.

- | | |
|---|---|
| <input type="checkbox"/> Client service interviewer | <input type="checkbox"/> Garden support volunteer |
| <input type="checkbox"/> Pantry helper | <input type="checkbox"/> Evening volunteer |
| <input type="checkbox"/> Clothing room | <input type="checkbox"/> Food 2 You driver (Last Tuesday) |
| <input type="checkbox"/> Greeter in Lobby | <input type="checkbox"/> Warehouse volunteer |
| <input type="checkbox"/> Bulk mailing | <input type="checkbox"/> Administrative |

In case of an emergency notify: _____

Phone: _____

My doctor is: _____

Phone: _____