



VOLUNTEER APPLICATION
Please fill out application completely

PLEASE PRINT CLEARLY

Today's Date: _____ Date Available to begin: _____

I am at least 16 years old (please circle one) Yes or No

What prompted your application to volunteer for Helping Hands Respite Care?

PERSONAL INFORMATION:

Name: _____

Current Address: _____

City, State, Zip code: _____

Preferred Phone Number: (_____) _____

Preferred Email Address: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Phone: work (_____) _____ Home (_____) _____

HEALTH:

Current Health Condition: (please circle one) Excellent Good Fair Poor

Date of last physical: _____ Date of last TB test: _____

Do you have any allergies or sensitivities? Yes No

If yes, what are they? _____

OTHER INFORMATION:

Do you have your own dependable transportation? (Please circle one) Yes or No

(This is a requirement of Helping Hands Respite Care)

What are your goals as a volunteer with Helping Hands Respite Care? _____

By signing below, I agree that all the information above is correct.

APPLICANTS PRINTED NAME: _____

APPLICANT'S SIGNATURE: _____

Today's Date: _____

Thank you for your interest in volunteering with us.



REFERENCES:

Please list references whom you have known for at least one year that can attest to your character.

1) Name of Personal Reference: _____

Address: _____

City/State/Zip code: _____

Telephone number: _____ Email address: _____

Relationship: _____ How long have you known this person? _____

2) Name of Work Reference: _____

Address: _____

City/State/Zip code: _____

Telephone number: _____ Email address: _____

Relationship: _____ How long have you known this person? _____

I give Helping Hands Respite Care my permission to check the above references and former employers.

Print Name: _____

Signature: _____