



Helping Hands Respite Care
Valley Court Community Center
201 Hillside Ct.
East Lansing, MI 48823

Volunteer Application Form

Please complete this application form if you are interested in becoming a Helping Hands Respite Care volunteer. Once you complete the form, click the Save Application button to save to your computer. Next, email application to: info@HelpingHandsRespite.org

Contact Information

First Name:

Last Name:

Nickname:

Street:

City:

State:

Zip:

Work Phone:

Ok to call me here

Cell Phone:

Email Address:

Drivers License/State
ID Number:

A criminal background check will be conducted prior to volunteering start date.

Demographic Information

You may optionally provide the following information. It is used only to help us get a better idea of the demographic make-up of our volunteers and find the most ideal match for you.

Date of Birth:

Age:

Gender:

Education:

T-Shirt Size (men's
sizes):



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Health Information

Current Health
Condition:

Please list any
allergies/sensitivities:

Please list any
physical limitations:

Emergency Contact Information

1

First Name:

Last Name:

Home Phone:

Work Phone:

Cell Phone:

Email Address:

Relationship:

2

First Name:

Last Name:

Home Phone:

Work Phone:

Cell Phone:

Email Address:

Relationship:

Work Experience

If Student - College
Attending:

Employer Name:

Work Phone:

Email:

Position Held:

Employer Name:

Work Phone:

Email:

Position Held



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References

1 First Name:
Last Name:
Home Phone:
Work Phone:
Cell Phone:
Email Address:
Relationship:

2 First Name:
Last Name:
Home Phone:
Work Phone:
Cell Phone:
Email Address:
Relationship:

3 First Name:
Last Name:
Home Phone:
Work Phone:
Cell Phone:
Email Address:
Relationship:

Volunteer Preferences

We have regularly scheduled volunteers and short term special projects for groups/teams. We have opportunities available during the day, evening, and weekends. Depending on the volunteer role, we provide specialized training. Below are just some of the ways we utilize volunteers:

- Helping seniors, veterans, and adults with disabilities: working with the teaching staff at the Adult Day Services Program, including sharing in games, assisting with snacks and meals, escorting participants to and from activities, etc.
- Helping teens and young adults with disabilities as they participate in community activities and learn/practice skill building.
- Help with Community Outreach: 3-4 week commitment, assist in expanding program awareness, attend bi-weekly planning meetings, cultivate friends and supporters.
- Helping in administrative office: filing, answering the phone, helping with mailings, copying, setting up orientation folders, some computer work, etc.
- In-home Respite (Adults & Children): services are provided in the client's home.
 - Helping Hands Respite Care works directly with the family to create an individual care plan that mirrors the family's daily routine. May need to provide assistance with meals, bathing, dressing, socialization, therapy exercises, light cleaning and community access such as getting to the store or to appointments.
- Transportation: Assisting with transportation to and from our various programs and community opportunities.
- Hands-on various projects: one-time or seasonal events or projects. Assisting in program set up/clean up, regular yardwork and maintenance for the Respite House.

Kind:

Group Name:



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Participation: The same volunteers each time

Skills, Interests, and Experience:

Ability to Use (teach) Public Transit		
Arts and Crafts	Computer Skills	Cooking/Baking
Customer Service	Exercise/Yoga/Other	Games/Puzzles
Playing Cards	Knitting/Crochet	Sewing
Manicures	Photography	Singing
Musician	Public Speaking	Storytelling
Woodworking	Handyman Skills	Gardening

Other Skills/Interests

Population Interests: Adults with Disabilities
Children with Disabilities Seniors Veterans

Preferred Volunteer Locations: Adult Day Services Community Activities In-Home Care
Office/Administration Provide Transportation Respite House
Special Projects

Please list any other organizations you have volunteered for.

Availability

Please indicate the days and times you are usually available to volunteer.

Do you have reliable transportation? I use public transit. No Yes

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Afternoon:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

My availability is:

From:

To:

I would like to serve up to: _____ hours per

Is there anything else you would like to tell us about yourself?



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Agreement

By checking the 'I agree' box, you agree that all the information in this application is correct. Also by submitting this application, you agree to allow Helping Hands to run a criminal background check before you begin volunteering.

I Agree

Print Name

Date

Please email application to: info@HelpingHandsRespite.org