

Volunteer Application

Last name: _____ First name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Email: _____

Are you: Under the age of 18 Over the age of 18

Birthday (mm/dd): _____

Education: _____ Current profession: _____

Emergency information

Name: _____

Relationship: _____

Phone: _____ Email: _____

Previous volunteer experience (you may attach a resume or separate sheet of paper):

How did you hear about us?

What positions are you interested in?

Community Outreach

Special Events

Administrative support

Fundraising/grant writing

HIV testing

Other: _____

Your availability:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Have you ever been convicted of a felony? No Yes

If yes, explain:

Do you have any medical conditions that may limit the type of tasks you can perform?

References

Name:

Relationship:

Phone:

Email:

Name:

Relationship:

Phone:

Email:

I hereby give H2H my consent to contact my references; my employers, past and present; and to conduct a background check.

Volunteer signature: _____

Date: _____

If under the age of 18, parent/guardian name/phone and signature:

Parent Name: _____

Parent phone: _____

Parent email: _____

Parent signature: _____