

HANNAH'S HOUSE

VOLUNTEER APPLICATION FORM

Name: _____ Date of Birth: ____/____/____

Home Address: _____

City/ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

How would you prefer to be contacted, (circle one)? Phone Mail Email

Current Employer: _____ Phone: _____

May we contact you at work? Yes No

Work Description: _____

Formal Education (highest year of school completed): _____

Do you speak a foreign language? Yes No

If yes, which language(s)? _____

Do you hold a valid driver's license? Yes No

Do you have reliable transportation? Yes No

Please list your current and previous volunteer work (list all volunteer work including dates of service and a brief description of duties/ activities): _____

Please list your current community activities: _____

HANNAH'S HOUSE, INC.

VOLUNTEER APPLICATION FORM

Name: _____

How did you learn of our program? _____

Have you had any personal experience(s) with the following, (check all that apply):

____ Advocacy ____ Child Care ____ Court System

____ Other agencies providing services to women/ children

If so, please briefly explain: _____

Hours of Availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							

Would you be available for holidays/ special occasions? ____ Yes ____ No

Please list three references (other than relatives), preferably for whom you have worked in either a paid or volunteer capacity. Please include the name of your supervisor(s):

	Name	Address	Phone	Relationship
1.				
2.				
3.				

Hannah's House, Inc. reserves the right to make any checks, including but not limited to background, criminal, etc., deemed appropriate as to the suitability of any individual responsible for this confidential work. All information obtained will be held in the strictest of confidence.

Applicant Signature: _____

Date: ____/____/____

