

Form Title:

VOLUNTEER APPLICATION

Date of Application:

All information on this application will be kept strictly confidential and will only be used in the management and operations of A PLACE FOR HEROES's services and programs.

1. PERSONAL INFORMATION

(a) Last Name: _____

(b) First Name: _____

(c) Middle Initial: _____

DATE OF BIRTH (MM / DD / YYYY): _____

2. ADDRESS / CONTACT INFORMATION

(a) Street: _____

(c) Do you wish to receive mail at this address.

YES NO

(b) City: _____ State: _____ Zip: _____

(a) Home Telephone Number: (____) _____ - _____

(b) Best Time to Call: _____

(c) May we leave a message at home? YES, NO

(d) Email: _____

(a) Occupation: _____

(B) Current Place of Employment: _____

(c) Title: _____

(d) Work Telephone: (____) _____ - _____

(e) May we call you during Business Hours? YES, NO (f) Best Time to Call: _____

3A. VOLUNTEER INFORMATION

Why would you like to volunteer at A PLACE FOR HEROES?

How did you find out about A PLACE FOR HEROES?

3B. VOLUNTEER INFORMATION - EDUCATION

PLEASE CHECK EACH OF THE FOLLOWING THAT APPLIES TO YOU:

- HIGH SCHOOL DIPLOMA OR EQUIVALENT
- ASSOCIATE DEGREE
- TRADE SCHOOL CERTIFICATE TRADE: _____
- BACHELORS DEGREE MAJOR: _____
- GRADUATE / PROFESSIONAL DEGREE:
DEGREE: _____ FIELD: _____

DEGREE: _____ FIELD: _____
- LICENSE / CERTIFICATION: _____

3C. VOLUNTEER INFORMATION – RESOURCE SKILLS AND EXPERIENCE

A. PLEASE ATTACH YOUR RESUME.

B. PLEASE CHECK EACH SKILL AREA IN WHICH YOU HAVE TRAINING, EDUCATION, AND/OR EXPERIENCE

- | | | |
|---|---|---|
| <input type="checkbox"/> ACCOUNTING | <input type="checkbox"/> DENTISTRY | <input type="checkbox"/> PEER COUNSELING |
| <input type="checkbox"/> ADVOCACY | <input type="checkbox"/> DIETETICS / NUTRITION | <input type="checkbox"/> PHLEBOTOMY |
| <input type="checkbox"/> ADVERTISING / GRAPHICS | <input type="checkbox"/> EDUCATOR | <input type="checkbox"/> PHOTOGRAPHY |
| <input type="checkbox"/> ARTIST (VISUAL) | <input type="checkbox"/> ELECTRICAL SKILLS | <input type="checkbox"/> PUBLIC POLICY |
| <input type="checkbox"/> BARBER / HAIRSTYLIST | <input type="checkbox"/> FUNDRAISING | <input type="checkbox"/> PUBLIC RELATIONS |
| <input type="checkbox"/> BARTENDING | <input type="checkbox"/> GENERAL HOUSE CLEANING | <input type="checkbox"/> PUBLIC SPEAKING |
| <input type="checkbox"/> BOOKKEEPING | <input type="checkbox"/> GRANT WRITING | <input type="checkbox"/> RECEPTION |
| <input type="checkbox"/> BULK MAILING | <input type="checkbox"/> HEALTH CARE | <input type="checkbox"/> RECORD KEEPING / FILING |
| <input type="checkbox"/> CARPENTER | <input type="checkbox"/> HEALTH EDUCATION | <input type="checkbox"/> SUBSTANCE ABUSE COUNSELING |
| <input type="checkbox"/> CATERING | <input type="checkbox"/> LEGAL COUNSELING | <input type="checkbox"/> SUPPORT GROUP FACILITATION |
| <input type="checkbox"/> CLERICAL SKILLS | <input type="checkbox"/> MARKETING | <input type="checkbox"/> TAX PREPARATION |
| <input type="checkbox"/> COMMUNICATIONS SKILLS | <input type="checkbox"/> MASSAGE THERAPY | <input type="checkbox"/> THERAPY / COUNSELING |
| <input type="checkbox"/> COMMUNITY ORGANIZING | <input type="checkbox"/> MEDICAL RESEARCH | <input type="checkbox"/> TRANSPORTATION |
| <input type="checkbox"/> COMPUTER – DATA ENTRY | <input type="checkbox"/> MINOR HOME REPAIR | <input type="checkbox"/> YARD WORK |
| <input type="checkbox"/> COMPUTER – PROGRAMMING | <input type="checkbox"/> MOVING SOMEONE LOCALLY | |
| <input type="checkbox"/> CRISIS INTERVENTION SKILLS | <input type="checkbox"/> NURSING CARE | |
| <input type="checkbox"/> CURRICULUM DEVELOPMENT | <input type="checkbox"/> PARALEGAL | |

•Do you speak a foreign language? YES NO

•If yes, please specify which language(s): _____

•Do you know American Sign Language? YES NO

•Do you generally have access to, or own a car? YES NO

•Do you have a valid driver's license? YES NO

•Are you insured? YES NO

(If yes to the above, and you are interested in using your car in your volunteer activities at A PLACE FOR HEROES, a copy of your license, registration, & Insurance are required)

3D. VOLUNTEER INFORMATION – TIME AVAILABILITY

PLEASE INDICATE (CIRCLE) THE TIMES THAT YOU WOULD GENERALLY BE AVAILABLE TO VOLUNTEER YOUR TIME AND SERVICES.

KEY:

M=MORNINGS (8:30AM – 12:00 NOON)

A=AFTERNOONS (12:00 NOON – 5:00PM)

E=EVENINGS 5:00PM-9:00PM

MONDAY	M	A	E	FRIDAY	M	A	E
TUESDAY	M	A	E	SATURDAY	M	A	E
WEDNESDAY	M	A	E	SUNDAY	M	A	E
THURSDAY	M	A	E				

HOW MANY HOURS PER WEEK WOULD YOU LIKE TO VOLUNTEER ? _____

3E. VOLUNTEER INFORMATION – VOLUNTEER OPPORTUNITIES

(PLEASE CHECK AREA(S) OF INTEREST):

CLIENT SERVICES

- MENTOR
 TUTOR

EDUCATION

- SPEAKER'S BUREAU

DEVELOPMENT

- FUNDRAISING

COMMUNITY OUTREACH

- AFRICAN AMERICAN
 GAY/ LESBIAN BISEXUAL
 HISPANIC
 GENERAL OUTREACH

ADMINISTRATIVE

- COMPUTER / DATA ENTRY
 ANSWERING PHONES
 BULK MAILINGS

3. F. TYPE OF VOLUNTEER? Please check all that may apply.

Program Volunteer: These volunteers have considerable (regular and substantial) contact with A PLACE FOR HEROES clients and are required to undergo screening such as health care registry clearance and background checks. In order to accelerate the screening process, please provide the following information:

SSN _____ - _____ - _____ Driver's License # _____

Support Volunteer: These volunteers have no regular ongoing contact with our clients and provide administrative assistance or program work that does not involve unsupervised client contact. Activities may include fundraising, administrative and clerical assistance, or professional services such as photography or graphic design.

Project Volunteer: These volunteers work on a sporadic basis on specific projects or events and do not have any unsupervised contact with clients. Activities may include program holiday and other celebration activities; fundraising projects; short-term service projects such as repairs and painting; or organizing a collection of items to benefit clients.

Interns are a special category of volunteers who have been placed with A PLACE FOR HEROES through a supervised academic program as part of their educational and/or professional training.

Other (please specify):

4. EMERGENCY CONTACT

NAME: _____ PHONE: _____

ADDRESS: _____

Relationship: _____

Volunteer Pledge of Confidentiality

I am volunteering my time to work for A PLACE FOR HEROES. I understand that in the course of my work for A PLACE FOR HEROES, I may learn certain facts about individuals being served by the organization that are of a highly personal and confidential nature. Examples of such facts are medical condition and treatment, finances, living arrangements, employment, sexual orientation, and relations with family members. I understand that all such information must be treated as completely confidential. I agree not to disclose any information of a personal and confidential nature to any person not also affiliated with A PLACE FOR HEROES, those with no need to have access to the information and those not authorized by A PLACE FOR HEROES to have such information, and those where there is no specific permission of the individual to whom such information pertains.

Date: _____ Signature: _____

Witness: _____

Please note that filling out this application does not guarantee a placement. Volunteer opportunities will be provided based on need and agency capacity.

I understand that all volunteers with A PLACE FOR HEROES are subject to the rules and regulations of the agency. Signing this application indicates your approval for us to check references. It will permit us to do a background check as well. Your signature also signifies that the information provided above is accurate to the best of your knowledge.

Signature _____ Date _____