

Helping Hands Resale Shoppe - Volunteer Application

Name: _____ Date: _____

Home Address: _____

Telephone Number: _____ Date of Birth: _____

E-mail Address: _____

Emergency Contact: _____ Phone Number: _____

Occupation: _____

Employer or School: _____

Please list any prior volunteer experience: _____

Do you prefer to volunteer: On regular basis ___ Emergencies ___ Both ___

Please list the days and hours available to volunteer: _____

Volunteer Agreement

- All volunteers are expected to demonstrate a positive, willing attitude with the regard to work and the interactions with others both inside and outside the facility.
- All volunteers are expected to dress appropriately (neatly and cleanly) for their assigned area.
- All volunteers are expected to maintain the confidentiality of Helping Hands and its clients.
- All volunteers are expected to be present and on time for the shift(s) he or she is assigned. If going to be late or unable to work, contact your supervisor prior to your shift.

Volunteer Signature: _____ Date: _____

Please print application, fill it out and drop it off at local resale location where you would like to serve.