

VOLUNTEER APPLICATION

**Helping Hand of the Heartland
212 West Dixie, P.O. Box 642
Elizabethtown, KY 42702-0642**

DATE _____

Have you ever been a client here? _____

NAME: _____ **SSN:** _____

ADDRESS: _____

CITY: _____ **COUNTY:** _____ **ZIP:** _____

TELEPHONE NUMBER: _____ **DATE OF BIRTH:** _____
(If under 18, must be supervised by an adult)

EMERGENCY CONTACT: _____

TELEPHONE: _____ **RELATIONSHIP:** _____

INTERESTS:

- | | |
|----------------------------------|--|
| _____ OFFICE WORK | _____ DONATION PICK-UP |
| _____ THANKSGIVING DINNER | _____ SEPARATE DONATED CLOTHES |
| _____ CHRISTMAS BASKETS | _____ CLIENT FINANCIAL COUNSELING |
| _____ RECEPTION DESK | _____ WORK DIRECTLY WITH CLIENTS |

DAYS TO WORK: _____ **HOURS:** _____

A VOLUNTEER MUST NOTIFY A STAFF MEMBER IT THEY ARE UNABLE TO WORK ON AN ASSIGNED DAY BY CALLING THE OFFICE DURING NORMAL BUSINESS HOURS OR NOTIFYING IN PERSON.

Office Hours: Monday - Friday 9:00 a.m. - 4:30 p.m., Closed 12:00 - 1:00 p.m.

Clothing Room: Monday, Tuesday, Thursday 9:00 a.m. - 3:00 p.m., Closed 12:00 - 1:00 p.m.

Policy Statement Signed: _____ **Start Date** _____

Interviewed/Accepted By: _____

Comments: _____