## Contact Information

Name
Street Address
City, State, ZIP Code
Best Phone Number
Alternate Phone Number
E-Mail Address
How Did You Hear About HH?
Reason for Volunteering?

## Availability

During which hours are you available for volunteer assignments?
$\qquad$ Weekday mornings $\qquad$ Weekday afternoons $\qquad$ Weekday evenings
Weekend mornings $\qquad$ Weekend afternoons $\qquad$ Weekend evenings
$\qquad$ From home

## Interests

I am interested in volunteering: __ On my own __ With my group
If with a group, please provide the following information:
Name of Group: $\qquad$
Affiliation: $\qquad$
Contact Name: $\qquad$
Contact Phone: $\qquad$
Contact Email: $\qquad$
Number of Volunteers: $\qquad$ Age Range of Volunteers: $\qquad$
Tell us in which areas you are interested in volunteering:
$\qquad$ Front desk/AdminGardening/Grounds UpkeepAssist with Residents (move-ins, answer questions, etc.)
$\qquad$ Events (Gala, Other Events)
$\qquad$ Fundraising (Grant Research, Corporate Support)
$\qquad$ General Repairs and MaintenancePublic Relations/Marketing
__ Volunteer Recruitment and Coordination

Special Skills or Qualifications
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies. Please include computer related skills you might have or foreign languages spoken.

## Previous Volunteer Experience

Summarize your previous volunteer experience.

## Person to Notify in Case of Emergency (optional)

| Name |  |
| :--- | :--- |
| Street Address |  |
| City, State, ZIP Code |  |
| Best Phone Number |  |
| E-Mail Address |  |

## Felony Convictions

Have you ever been convicted of a felony: Yes or No? If so, when, and for what offense? Please provide any additional details you'd like to include.

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

| Name (printed) |  |
| :--- | :--- |
| Signature |  |
| Date |  |

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Please download this application, fill it out, and email the completed form to us at mail@HaloHouseFoundation.org, or fax it to us at 713-391-8365.

Thank you for your interest in volunteering with us.

