



**Humble Area Assistance Ministries**  
*A Mission of Help and Hope*

For office use only
Orientation Date: _____
_____
_____
_____

**Volunteer Application**

Date: \_\_\_\_\_

**Personal Information** -Please print clearly

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Birthday (month/day) \_\_\_\_/\_\_\_\_

Best time to be reached:  Mornings  Afternoon  Evenings

Church or Organization affiliation: \_\_\_\_\_  Individual

How did you hear about the HAAM volunteer program? \_\_\_\_\_

Have you or any member of your family ever received services through HAAM?  Yes  No

Type of service \_\_\_\_\_ Who received \_\_\_\_\_ Date of service \_\_\_\_\_

Have you ever been arrested for a felony or misdemeanor other than traffic violations?  Yes  No

If yes, please explain. \_\_\_\_\_

Have you ever been accused, suspected, investigated, or arrested for any type of child abuse reported to law enforcement or

Children's Protective Services?  Yes  No

If yes, please explain. \_\_\_\_\_

**Person to notify in case of an emergency**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

**Volunteer Acknowledgement**

- 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.
- Volunteer Guidelines - My signature below confirms that I have received a copy of the HAAM Volunteer Guidelines and have read and understood them.
- Client Privacy - My signature below confirms that I have received, read and understood the HAAM Volunteer Client Privacy Statement located in the Volunteer Guidelines.
- Consent to Use of Name and Photograph - I, the undersigned, a volunteer of Humble Area Assistance Ministries, recognize that on occasion, it may be in the interest of the organization to use my name, portrait, photograph, or likeness (hereinafter collectively and severally referred to as a "photograph") in marketing brochures, annual reports, annual reviews to staff, and/ or other print, digital or broadcast publications. Furthermore, I recognize the high expense publicity and advertising, and the difficulties involved in reprinting publications every time a volunteer leaves Humble Area Assistance Ministries.

I (check one)  do  do not, hereby consent and authorize Humble Area Assistance Ministries, its advertising agents, publishers, and the like to use my name and photograph for any purpose whatsoever related to the business, actual or projected, for a reasonable period of time, and also for a period of time of not less than one year after my relationship ceases or any revocation hereof by me, and agree that any revocation hereof must be in writing.

- 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. I fully understand that failure to comply with all Volunteer Guidelines, Policies and Client Privacy may result in termination of my relationship with HAAM. This agreement is entered into for the purpose of respecting and protecting all clients served through HAAM.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SKILLS. INTEREST. TRAINING. AVAILABILITY.**



Volunteer Name: \_\_\_\_\_

**ADMINISTRATIVE**

- Filing
- Computer graphics
- Data entry
- On-call volunteer
- Newsletter

**CLIENT SERVICES**

- Greet/Triage
- Interviewer
- Client Specialist     Lobby     Phone
- Phone/Appointments & Screening
- Translator - Language \_\_\_\_\_

**FOOD PANTRY**

- Drivers for pick-up (personal truck needed)
- Sort and stock shelves
- Heavy stocking

**E3 PROGRAM - Education, Employment, Empowerment**

- Job center coach
- Teacher/instructor
- Bilingual assistant (Spanish)
- Child care:
  - During classes on weekends & evenings
  - Interacting with children through pre-planned activities

**RESALE STORE**

- Sort and stock for all departments
- Special Skills
  - floral
  - computer tech.
  - books
  - electronic tech.
  - other \_\_\_\_\_

**SPECIAL EVENTS/PROJECTS**

- Special Events
  - Raise the Roof
  - Back to School
  - Seasons of Sharing Thanksgiving
  - Angel Tree
  - Seasons of Sharing Christmas
- Fundraising
- Photography
- Clerical Assistant for events
- Arts/Crafts/Sewing
- Other artistic talent \_\_\_\_\_

**BUILDING MAINTENANCE**

- Housekeeping
- Carpentry/construction
- Maintenance

Previous Volunteer Experience: \_\_\_\_\_

Do you have any special training or experience in:     Customer Service     Mental Health

Please note any credentials: \_\_\_\_\_

Availability     Monday     Tuesday     Wednesday     Thursday     Friday     Saturday     Sunday  
 Mornings     After school     Late Afternoon

I can work approximately \_\_\_\_\_ hours per week (minimum two hours)

Is the above time(s) flexible? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you want to volunteer regularly each week? \_\_\_\_\_ Yes \_\_\_\_\_ No    If not, how often? \_\_\_\_\_

Do you have any physical limitations that will interfere with your volunteer work?     Yes     No

If yes, please describe. \_\_\_\_\_

Thank you for completing this application and for your interest in volunteering with us.