



Humble Area Assistance Ministries
"A Mission of Help and Hope"
Volunteer Application

For office use only
Orientation Date: _____

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.

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

RESALE STORE/BLACK CAT JUNCTION

- Sort and stock for all departments
- Special Skills
 - floral
 - online sales
 - decorating

CLIENT SERVICES

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

SPECIAL EVENTS/PROJECTS

- Special Events
 - Raise the Roof
 - Back to School
 - Seasons of Sharing Thanksgiving
 - Angel Tree
 - Seasons of Sharing Christmas
 - Community Food Fairs
- Fundraising

FOOD PANTRY

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

BUILDING MAINTENANCE

- Housekeeping
- Carpentry/construction
- Maintainance

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

MEALS ON WHEELS

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
		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.