



# Volunteer Application

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Church: \_\_\_\_\_

May we share your name, phone number and email with other volunteers?  Yes  No

**Availability: please check all that apply:**

- Whenever Needed  Weekdays Only  Weekends Only  Specific Days  
 Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  
 Mornings  Evenings  Midday  Need Specific Times: \_\_\_\_\_

**Interests: please check all that apply:**

**Children's Activities**

<input type="checkbox"/>	Story Telling
<input type="checkbox"/>	Arts & Crafts
<input type="checkbox"/>	Games & Sports
<input type="checkbox"/>	Music Activities
<input type="checkbox"/>	Birthday Buddy
<input type="checkbox"/>	Friday Night Party
<input type="checkbox"/>	Host an Outing
<input type="checkbox"/>	Friend To Friend Mentor

**Behind the Scenes**

<input type="checkbox"/>	Clerical /Office
<input type="checkbox"/>	Weekend Meals/Kitchen Help
<input type="checkbox"/>	Landscape Upkeep
<input type="checkbox"/>	Small Building Projects
<input type="checkbox"/>	AFH Organized Fundraisers
<input type="checkbox"/>	Financial Sponsor
<input type="checkbox"/>	Holiday/Christmas Projects
<input type="checkbox"/>	Closet Organization

**Please list Occupation/Special Skills:** \_\_\_\_\_

Is there a specific age group you are interested in working with:

- Toddlers  Elementary School  Middle School  High School

Is your volunteering due to court orders for community service?  Yes  No

If yes, how many hours do you have to complete? \_\_\_\_\_ By what date? \_\_\_\_\_

**Please Initial to Indicate Authorization:**

\_\_\_\_\_ I certify all the information provided in this application is true and complete. I understand that falsification or omissions of any information may be cause for denial of appointment or dismissal if discovered at a later date.

\_\_\_\_\_ I understand this is an application for and not a commitment or promise of volunteer opportunity.

\_\_\_\_\_ I understand prior to the expiration of my term, if appointed, I am subject to suspension and removal by A Friend's House at any time.

**Please read the following statement and sign below:**

As a volunteer for A Friend's House, I understand that a criminal records check is required and have nothing in my background that should prevent me from volunteering at A Friend's House. I also understand that confidentiality is of the utmost importance. I agree to keep all information regarding the children and the home confidential. Disclosing any information, or sharing information with others other than on a need to know basis, is a violation of A Friend's House confidentiality agreement. **A breach of the volunteer confidentiality agreement, or unsatisfactory criminal records check will result in termination of individual volunteer activities.** I give permission to AFH to complete a criminal background record check every two years. Attending an orientation training class is required prior to volunteering at A Friend's House.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date