

## Harbor House Ministries Volunteer Application

## **Applicant Information**

Full Name	e:					
	Last	First	M.I.		Birth Date	
Address:						
Street Address		SS	Apartment/Unit #			
	City			 State	ZIP Code	
	•					
Phone: _	Mobile or Ho	.me?	Email:		-	
	Widdlie of 110	me:				
Emergen	cy contact:					
		First	Last			
Phone:			Relations	Relationship:		
Phone:						
□ On □ Twi □ Eve □ On	y with which go ce a week ice a Week ery two weeks ce a month riodically (on-		volunteer			

<b>General Information</b> What date would you be available to begin this volunteer position?
How did you learn about this volunteer opportunity?
Why would you like to volunteer at HHM?
Please list any paid or volunteer experience you've had that might relate to your interest in volunteering at HHM.
Do you have any physical limitations or require any special accommodation?
Do you have any questions?

## References

Please list two references that we can contact who have known you for at least three years.

Reference 1:				
Full Name:				
	First	Last		
Phone:		Email:		
Address:				
	Street Address		Apartment/Unit #	
	City		State	ZIP Code
Relationship	o:			
How long ha	ave they known you?	?		
<i>Reference 2:</i>				
ran ranne.	First	Last		
Phone:		Email:		
Address:				
	Street Address		Apartment/Unit #	
	City		State	ZIP Code
Relationship	):			
How long ha	ave they known you?	?		

## Agreements

As a volunteer, I agree to abide by all the rules and regulations of the Harbor House Volunteer Program. My services will be on a volunteer basis. I commit to, at all times, put forth a kind, caring, and compassionate attitude toward each resident and staff members.

Signature:	Date:
Printed Name:	
As a volunteer, I understand that I r periodic TB testing.	may have to submit to a background check and
Signature:	Date:
Printed Name:	