

**Applicant Information**

Full Name: \_\_\_\_\_  
Last First M.I. Birth Date

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Mobile or Home?

Emergency contact: \_\_\_\_\_  
First Last

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Interests**

How would you like to be involved at Harbor House?

- Resident Activities
- Maintenance (Building and grounds)
- Facilities (housekeeping)
- Food service/events
- Other \_\_\_\_\_

**Availability**

Days you are available

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Time of day you are available

- Mornings – between 9 and noon
- Afternoons – between 1 and 5

Frequency with which you would like to volunteer

- Once a week
- Twice a Week
- Every two weeks
- Once a month
- Periodically (on-call) \_\_\_\_\_

**General Information**

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 or skills you'd like to share 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?



**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 may have to submit to a background check and periodic TB testing.

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

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

Please return this completed form to:

Harbor House Ministries  
Attn Kerri Adamczak  
919 44<sup>th</sup> St SW  
Jenison, MI 49428

Or send a scanned copy via email to:  
kadamczak@harborhouseministries.org