



Volunteer Packet

Please print legibly
Unreadable and incomplete applications will be returned and rejected.

Date of Packet: _____

Demographic Information

Last Name: _____ First Name: _____ Middle Initial _____

Personal Address Information:

Address: _____

City: _____ Zip: _____

Race/Ethnicity (please select applicable):

Race/Ethnicity	Select All That Apply
African American	
Asian	
Caucasian	
Choose Not To Report	
Hispanic/Latino	
Multi-Racial	
Native American	
Not Listed	

Current Employer (Company): _____ Job Title: _____

Personal Contact Information

Primary Phone Number: _____ Secondary Phone Number: _____

E-Mail Address: _____

Emergency Contact Information

Name: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

References

Please list the names and phone numbers of three people who know your character and skill. At least one reference must be a relative, and at least one must be a non-relative. At least one of your references must be female and at least one must be male. This section must be completely filled out or it will be returned.

Name of Reference	Phone number and/or email (give more than one if necessary)	Know in What Capacity? (Friend, Colleague, etc.)	How long have they known you?
1.			
2.			
3.			

Volunteer Agreement

All information that I provide in this packet is correct and complete to the best of my knowledge, without consequential omissions. I authorize the references listed above to release any information regarding my service, character and qualifications. I acknowledge that SHH is not obligated to offer me a volunteer position.

Volunteer Signature

Date

For Office Use Only

Supervisor/Hiring Manager: _____

Application Received By: _____

View/Verify Photo ID of Applicant: _____

Personal Information

Diplomas, Certifications, Licenses or Degrees: _____

Do you speak another language (bilingual) that you could volunteer to assist?

If so, which language? _____

Preferences in Volunteering

If you know what you want to volunteer for please write it here:
(Example: Boys Club or Games Room, 5:00pm–9:00pm)

If you do not know what you would like to volunteer for, please fill out the below information:

Availability & Preference	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (6:00am - 2:00pm)						
Afternoon (2:00pm - 5:00pm)						
Evening (5:00pm - 9:00pm)						

(if available more than one, please rank in order of your preference)

How often would you like to Volunteer?	Selection
Weekly (typically 1-2 hour shifts)	
Monthly	
2-5 Times Per Year	
Once a Year	
Other	

Type of Volunteer Activity?	Selection
With children (Structured program)	
With children (Unstructured program)	
Administrative	
Learning Gardens	
Special Events	
Other	

Grade Range of Children	Age Division	Selection
6 Months - 6 Years Old	Pre-School/Tots	
1 st – 2 nd Grade	Starters	
3 rd – 4 th Grade	Preps	
5 th – 6 th Grade	Juniors	
7 th – 8 th Grade	Intermediate	
9 th – 12 Grade	Middler & Seniors	

Is there a specific staff member that you would prefer to volunteer for? _____

What skill or talents would you like to use as a volunteer? _____