



HeartWorks Volunteer Application

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Home Phone: _____ Other Phone: _____ (cell/work)

E-mail: _____

Emergency Contact: _____ Phone Number: _____

Education:

Schools	Name and Address of School	Years Attended	Circle the last year that you completed	Did you graduate?
High School			9 10 11 12	
College			1 2 3 4	(Degree)
Other (Specify)				

Are you currently employed? _____ yes _____ no If yes, where? _____

Two (2) Personal References:

Name _____

Name: _____

Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

Community Affiliations/Other Volunteer Work: _____

Why are you interested in volunteering for HeartWorks? _____

(Please continue application on the reverse side.)

What is your desired area of service? (Please check all that apply)

_____ HeartWorks Mentoring programs

_____ Food donation programs

_____ Office/Administrative

_____ Other (Please specify) _____

How many hours per week do you desire to volunteer? _____

What would be your preferred volunteer schedule? (Please place a check beside all days that apply and fill in the times that you would like to volunteer on those days.)

_____ Monday Time: _____

_____ Tuesday Time: _____

_____ Wednesday Time: _____

_____ Thursday Time: _____

_____ Friday Time: _____

_____ Saturday Time: _____

_____ Sunday Time: _____

I certify that the information on this application is true and complete to the best of my knowledge. I understand that any misrepresentation or omission of facts on this application will be sufficient cause for disqualification of this application.

I give permission for HeartWorks to verify any information provided in this application.

Signature

Date

For Office Use Only:

Training Date: _____ Interview Date: _____ Start Date: _____

Initial area of service: _____ Date _____

Initial schedule: _____ Staff Contact: _____

Name: _____ Date: _____

Skills & Languages Checklist

As a volunteer, you will be assigned to a specific task. At times, you may be asked to help with a special event or project depending on your skills and interests. On the checklist below, please check off any skill and/or language that you would like noted on your volunteer record.

Skills

___ Acting

___ Arts and Crafts

___ Bookkeeping

___ CPR Certified

___ Cashier

___ Carpentry

___ Child Care

___ Computer/Advanced

___ Computer/Intermediate

___ Computer/Beginner

___ Cooking

___ Filing

___ Fundraising/Sales

___ Gardening

___ Mechanic

___ Musician

___ Photography

___ Sewing

___ Singing

___ Speaker

___ Telephone

___ Tutoring

___ Typing

___ Writing

Languages

___ Arabic

___ Chinese

___ Creole

___ French

___ German

___ Greek

___ Hebrew

___ Sign Language

___ Spanish

Other Skills/Talents _____

Other Languages: _____
