



# Volunteer Application

**Personal information:**

date \_\_\_\_\_

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ (M.I.) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Best time/method of contact: \_\_\_\_\_ Occupation: \_\_\_\_\_

Why do you want to volunteer at The HUB Center for seniors? \_\_\_\_\_

**Volunteer Options:**

**On Call** \_\_\_\_\_

**Permanent Assignment** \_\_\_\_\_

HUB Senior Center

Senior Center

Thrift Store

Miscellaneous

Front Desk

Yard Work

Clerk

Board Member

Lead Class/Group

Transportation

Dock

Fundraising Comm.

Kitchen (Set-up/prep/clean)

Housework

Pickup/Delivery

Event Help

Bartending

Calls/Visits

Pricing

Office Work

Janitorial

Minor Home Repairs

Testing Application

Other

Handyman

**Matching Information:** (help us correctly place you)

General Interests, skills, languages, hobbies: \_\_\_\_\_

Specific Volunteer Preferences or experience \_\_\_\_\_

Miles Willing to Travel \_\_\_\_\_ Do You Smoke? \_\_\_\_\_ Have Allergies? (To what?) \_\_\_\_\_

**Placement preference:** (Please check all that apply):

Time/Day	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Morning						
Afternoon						
Evening						

Have you ever been convicted for violation of a felony?  Yes  No If so – When \_\_\_\_\_  
(A felony will not automatically disqualify you, so please be honest)

Do you have any physical condition that may limit your volunteer activities?  Yes  No

If yes, please describe: \_\_\_\_\_

Any other special considerations? \_\_\_\_\_

**Transportation Driver Information: (Driver volunteers only)**

Valid Drivers License?  License number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

**EMERGENCY CONTACTS:**

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

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

*I hereby give my consent for the Faith in Action to conduct a routine police check.* \_\_\_\_\_

*If I become a volunteer for Faith in Action, I agree to follow the Volunteer rules of conduct* \_\_\_\_\_

*I give permission for release of my phone for The HUB for promotional use*  Yes  No

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**WATCH \_\_\_\_\_ GMAIL \_\_\_\_\_ MSC \_\_\_\_\_**