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What do you hope to gain from volunteering at HELP?

Interests

- Health clinic
- Community based work
- Research
- Fundraising
- Immunization
- Education/Schools

When are you willing to volunteer? Date; from \_\_\_\_\_ to \_\_\_\_\_

Willing to serve: Morning-  Afternoon

Mon  Tues  Wed  Thurs  Fri

Do you have any criminal convictions? Yes-  No-

If yes, please describe

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List of Hobbies:

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Skills: Tick as appropriate:

- Microsoft word
- Microsoft excel
- SPSS
- Power point
- CPR
- Photography
- Painting and drawing
- Marketing/advertising
- Writing
- Arts and craft
- Sewing
- Others: Please mention

**Emergency Contact**

In case of emergency, please notify

Name

Relationship

Cell Phone

Home Phone

Work Phone

**Emergency Contact:**

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

Address: \_\_\_\_\_

Phone #. Home \_\_\_\_\_

Phone # Work \_\_\_\_\_

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

**Physician:**

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

Phone #. Clinic \_\_\_\_\_

Phone # cell \_\_\_\_\_

**Provide two work or school/college related references:**

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

Designation: \_\_\_\_\_

Phone #. \_\_\_\_\_

Email: \_\_\_\_\_

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

Designation: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**This application does not discriminate in securing volunteers on the basis of race, color, religious creed, national origin, sex, or ancestry; or on the basis of age, handicap or disability. No question on this form is intended to secure information to be used for such discrimination.**

**Agreement and Signature:**

**By submitting this application, I affirm that the the facts set forth in it are true and complete. I undersatnd that if I am accepted as a volunteer, any false statements, omissions, or their misrepresentations made by me on this application may result in my immediate dismissal.**

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