

The Homeless Families Foundation

Volunteer Application

Section 1- Personal Information:

Date: _____

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-mail Address: _____

Employer/School: _____

Occupation: _____

Emergency Contact: _____

Phone #: _____

Relationship: _____

Section 2- Volunteer Interest:

How did you hear about The Homeless Families Foundation?

_____ Website _____ Friend _____ Newspaper _____ Other

List past volunteer and work experience:

What do you enjoy most in a volunteer assignment? _____

Do you prefer working independently or under direct supervision? _____

Please provide three references who are familiar with your qualifications (please exclude relatives). Providing e-mail addresses will significantly expedite the application process.

1) Name _____
Relationship _____
Daytime Phone _____
E-mail address _____

2) Name _____
Relationship _____
Daytime Phone _____
E-mail address _____

3) Name _____
Relationship _____
Daytime Phone _____
E-mail address _____

All HFF volunteers must be 16 years of age unless accompanied by an adult.

By checking this box, I verify that I am at least 16 years of age.

Waiver of Responsibility: I hereby release The Homeless Families Foundation from liability for any injury that I may sustain while performing volunteering duties for HFF. I also agree to take responsibility for maintaining my own personal liability insurance. If you are under 18 years of age, you must have the signature of an adult.

Signature of Volunteer _____ Date _____

Signature of Parent/Guardian _____ Date _____

I certify that the information in this application is correct and complete.

Signature _____

Due to the high volume of applications received, the application process takes at least one week on average. Thank you for your patience.

Please direct all questions and return this application to:

**Homeless Families Foundation
Attn: Volunteers
651 W. Broad Street
Columbus, Ohio 43215
volunteer@homelessfamiliesfoundation.org**

Please list applicable skills and/or education that you have: _____

Please list any physical/emotional/medical imitations that may impact your success as a volunteer: _____

Please indicate your volunteer interests (please check all that apply):

- Dowd Education Center (After-school hours)**
 - Tutoring, assisting with recreational activities, serving food, etc.
- Office Work (During business hours)**
 - Answering phones and doors, sorting donations, assisting with clerical work, etc.
- Shelter Preparation/Maintenance Care (Days/some weekends)**
 - Assisting in minor repairs, preparing units for move-ins, etc.
- Special Events (Periodically, On call)**

Please indicate your availability to volunteer:

Monday: From _____ to _____

Tuesday: From _____ to _____

Wednesday: From _____ to _____

Thursday: From _____ to _____

Friday: From _____ to _____

Section 4- Background Information

A background check and finger printing may be performed upon acceptance unto the volunteer program. This will be at the cost of the volunteer.

Have you ever been convicted of a felony or misdemeanor? ___ Yes ___ No

If yes, please explain _____

Conviction will not necessarily disqualify an applicant from volunteering.