

Matthews HELP Center Volunteer Application

Full Legal Name: _____ Date: _____
 Address: _____
 Home Phone: _____ Cell Phone: _____
 Email: _____ Date of Birth: _____
 Emergency Contact: _____ Phone# _____
 Present Occupation: _____ Employer or School: _____
 Prior Volunteer Experience _____
 What brings you to Matthews HELP Center? _____
 Please list all names used (maiden, aliases, etc.) _____
 Driver's License # _____ State Issued _____ SSN _____

Interests/Skills

The following are volunteer opportunities. Please check all those of interest.

- Thrift shop sorter and floor worker Thrift shop cashier
- Reception Desk/Phones Meal Delivery
- Pick up meals from Levine Senior Center and transport to HELP Center

Please check special skills

- Accounting EBay Selling
- Antiques/Collectibles Research Event Planning
- Carpentry/Handyman Fluency in languages (please list below)
- Computer Programming Internet Research Skills
- Conduct blood pressure checks Letter Writing/Mass Mailings
- Crafts Newsletter Article Writing
- Data Entry Nursing (RN, LPN)
- Drawing/Painting/Calligraphy Technical Support Skills

Others: _____

Availability

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

If you do not want a weekly schedule, what is your preference? _____

Please use this grid below to show your current availability to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						

All information will be kept in strictest confidence by the Administrator of Matthews HELP Center.

For Office Use Only

Start Date: _____ Assignment: _____ Database: _____