



Helping Hands Home Assistance, Inc.

865-692-5258

VOLUNTEER APPLICATION

Applicants will receive consideration without discrimination because of race, religion, color, sex, age, national origin, disability, or citizenship status.

P E R S O N A L	Last Name			First Name			Middle			Date		
	Street Address									Home Phone		
	City			State			Zip Code			Business Phone		
	Previous Address											
	Have you ever volunteered for Helping Hands Home Assistance?						If Yes, Month/Year			Social Security Number		
	<input type="checkbox"/> Yes <input type="checkbox"/> No											
	Volunteer work desired:											
	Are you Legally eligible for Employment in the United States?						When will you be able to begin volunteering?					
	What volunteer hours are you available for?											
	Have you ever been convicted of a Felony? (Other than minor traffic violations)											
Person to be notified in case of Emergency or Accident?												

List below all present and past volunteer experience, beginning with most recent

V O L U N T E E R H I S T O R Y	1. Name of Organization			Address			Phone Number		
	Contact Person (name & position)						Beginning Date		
	Present or final position						Ending Date		
	Job Duties								
	Reason for leaving								
	2. Name of Organization			Address			Phone Number		
	Contact Person (name & position)						Beginning Date		
	Present or final position						Ending Date		
	Job Duties								
	Reason for leaving								
	3. Name of Organization			Address			Phone Number		
	Contact Person (name & position)						Beginning Date		
	Present or final position						Ending Left		
	Job Duties								
	Reason for leaving								
	4. Name of Organization			Address			Phone Number		
	Contact Person (name & position)						Beginning Date		
	Present or final position						Ending Date		
	Job Duties								
	Reason for leaving								

May we contact the volunteer organizations listed? Yes / No If No, indicate by # the one(s) you don't want contacted_____.

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Type of School	Name and Address of School	Major Course	Circle Last Year Completed	Graduate (circle one)	Degree
Elementary School			5 6 7 8	Yes No	
Middle School			1 2 3 4	Yes No	
High School			1 2 3 4	Yes No	(circle one) Diploma or GED
Vocational or Business School			1 2 3 4	Yes No	(Transcripts Required)
College			1 2 3 4	Yes No	(Transcripts Required)
Graduate School			1 2 3 4	Yes No	(Transcripts Required)
Specify Professional Designations, Licenses, or Registrations held:					
Issued in what State:			Expiration Date:		
Complete if applying for a Clerical Position: List machines you can operate					
<input type="checkbox"/> Personal Computer _____ WPM <input type="checkbox"/> Switchboard <input type="checkbox"/> Software _____ <input type="checkbox"/> Fax Machine <input type="checkbox"/> Calculator <input type="checkbox"/> Microsoft Windows <input type="checkbox"/> Macintosh <input type="checkbox"/> Copier <input type="checkbox"/> 10-Key Adding Machine <input type="checkbox"/> Other _____					
Other skills that would assist us in determining your qualifications for employment: <i>(housekeeping, meal preparation, sewing/mending, etc.)</i>					

Volunteer Policy

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You must be at least 18 years old to volunteer for Helping Hands Home Assistance (HHHA), have a valid driver's license and reliable transportation. You must be willing to take various required vaccinations (i.e., TB & Hepatitis B). HHHA is committed to a Drug Free Environment and tests for illegal drugs according to local regulations. Must pass a background check and be bonded. While volunteering with HHHA, you are prohibited from negotiating services or personal contracts with clients. Both volunteer and customer will be liable and legal action taken. Must abide by our strict client confidentiality policy – violations will result in immediate termination and possible legal action. Soliciting or accepting gratuities, favors, or anything of monetary value from any HHHA client or contractor is prohibited.

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I certify that all information furnished on this form and during the application process is true, complete, and correct to the best of my knowledge. I understand that misrepresentation or omissions of facts called for, are causes for refusal to hire or for dismissal at any time without any previous notice. I authorize the investigation of all matters contained in this application and hereby give Helping Hands Home Assistance Inc. permission to contact schools, previous employers, references, and others (except as specified on the front of this application), and hereby release Helping Hands Home Assistance Inc., and those it contacts from any liability as a result of such contact.

I further understand that **this application will remain active for a period of one hundred and twenty (120) days.** After that time, if I desire further consideration, I will renew my application in person or by mail.

Signature

Date