



Helping Hands Home Assistance, Inc.

404-214-9776

VOLUNTEER APPLICATION

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

PERSONAL	Last Name		First Name		Middle	Date	
	Street Address			Email Address		Home Phone	
	City		State		Zip Code	Business Phone	
	Previous Address						
	Have you ever volunteered for Helping Hands Home Assistance? <input type="checkbox"/> Yes If Yes, Month/Year				Social Security Number		
	<input type="checkbox"/> No						
	Volunteer work desired					Pay Expected	
	Are you a legal citizen of the United States?				When will you be able to begin volunteering?		
	What volunteer hours are you available for?				Are you available for events that may occur during the evening or weekends?		
	Do you have any prior convictions (other than minor traffic violations)? <i>PLEASE LIST</i>						
Person to be notified in case of Emergency or Accident?							

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

WORK HISTORY	1. Name of Organization		Address		Phone Number		
	Contact Person (name & position)			Date Hired		Starting Rate	
	Present or final position			Date Left		Final Rate	
	Volunteer Duties						
	Reason for leaving						
	2. Name of Organization		Address		Phone Number		
	Contact Person (name & position)			Date Hired		Starting Rate	
	Present or final position			Date Left		Final Rate	
	Volunteer Duties						
	Reason for leaving						
	3. Name of Organization		Address		Phone Number		
	Contact Person (name & position)			Date Hired		Starting Rate	
	Present or final position			Date Left		Final Rate	
	Volunteer Duties						
	Reason for leaving						
	4. Name of Organization		Address		Phone Number		
	Contact Person (name & position)			Date Hired		Starting Rate	
	Present or final position			Date Left		Final Rate	
	Volunteer Duties						
	Reason for leaving						

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

E D U C A T I O N	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

P O L I C Y	<p>You must be at least 18 years old to work for Helping Hands Home Assistance, Inc. (HHHA), have a valid driver's license, automobile insurance and reliable transportation. You must be willing to take various required vaccinations (i.e., TB & Hepatitis B). HHHA, Inc. is committed to a Drug Free Environment and tests for illegal drugs according to local regulations. HHHA prohibits weapons on company and at client homes regardless of a carrying permit (refer to No-Weapon Policy). Must pass a background check and be bonded. While volunteering at HHHA, Inc. you are prohibited from negotiating for, or entering into, services provision or personal contracts with HHHA, Inc clients (active or inactive), their agent, and client providers for the purpose of serving HHHA, Inc. clients (active or inactive). Both you and client will be liable and legal action taken. You 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, Inc. client or contractor is prohibited.</p>
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S I G N A T U R E	<p>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 accept as a volunteer 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.</p> <p>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.</p> <p>_____ Signature</p> <p>_____ Date</p>
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