



Ph: 623.848.8863 – Fax: 623.848.8864

Mr. Ms. Mrs. Miss Name you preferred to be called: _____
Last Name: _____ First Name: _____ M.I. _____
Address: _____
City: _____ Zip: _____
Home Phone: _____ Cell/ Work Phone: _____
Email Address: _____
Birthdate: _____ SSN: _____
Driver's License Number: _____ State of Issuance: _____

Have you previously served as a HCS volunteer? No Yes
If yes, in what years? _____ In what capacity (Direct Childcare, Board Member,
Fundraising, etc.) _____
Are you a current HCS employee? No Yes Are
you a former HCS employee? No Yes

Emergency Contact:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Relationship: _____

Physical/Medical Considerations:

Employment Status: Employed Full-Time Employed Part-Time Unemployed Retired
 Full-time Student Part-Time Student (School Name: _____)

If employed, please complete the following:
Company Name: _____
Department: _____
Address: _____
City: _____ State: _____ Zip: _____
My employer offers a time off program for volunteering: Yes No
My employer offers a donation matching program: Yes No

Voluntary information to be used for statistical purposes only. Optional.

Marital Status: Married (Spouses Name: _____) Single Widowed
Education: GED High School College (2 yrs) College (4 yrs) College (6 yrs) Trade School
Ethnic Background: Caucasian African American Hispanic Asian Native American Other

How did you hear about HCS? Another Volunteer: (specify) _____
 Brochure Church Community Event Media Volunteer Bureau

Volunteer Experience: Hospital School Agency Board/Committee
 Other: _____

Please check any of these skills that you possess or areas that you might like to be involved in:

- | | |
|--|---|
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Transportation Maintenance |
| <input type="checkbox"/> Clerical/Administrative Assistant | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Community Events |
| <input type="checkbox"/> Donation Management | <input type="checkbox"/> Donation Recruitment |
| <input type="checkbox"/> Events | <input type="checkbox"/> Facilities Maintenance |
| <input type="checkbox"/> Fluent Languages: _____ | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Website design/maintenance | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Marketing/PR/Social marketing | <input type="checkbox"/> Newsletter Writing |
| <input type="checkbox"/> Speaker's Bureau | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Telephone Reception | <input type="checkbox"/> Website |

Please specify the days and times that you are available to volunteer: _____
 Are you interested in a weekly volunteer placement or special events? _____

Professional References

List three professional references who have knowledge of your professional experiences. Only list people you want contacted. All information below is required. **Please do not list relatives, friends.**

Name	Telephone	Occupation / Business	Relationship	How Long Known

Personal References

List three personal references who have knowledge of your character and values. Only list people you want contacted. All information below is required.

Name	Telephone	Occupation / Business	Relationship	How Long Known

Applicant's Signature: _____ Date: _____