



Hope, Empathy, Love & Prayer

H.E.L.P. Inc. Food Pantry & Thrift Store

H.E.L.P. INC. VOLUNTEER APPLICATION

DATE: _____

LAST NAME: _____

FIRST NAME: _____

ADDRESS: _____

CITY & ZIP: _____

PHONE: _____

EMAIL: _____

NOTE: Clients of H.E.L.P. Inc. are ineligible to volunteer

WHAT DAYS ARE YOU AVAILABLE TO VOLUNTEER?

Monday	9:00 am – 1:00 pm	<input type="checkbox"/>
Tuesday	9:00 am – 1:00 pm	<input type="checkbox"/>
Wednesday	9:00 am – 1:00 pm	<input type="checkbox"/>
Thursday	9:00 am – 1:00 pm	<input type="checkbox"/>

OFFICE TO COMPLETE	
Added to the Christmas Card list	<input type="checkbox"/>
Added to the email list	<input type="checkbox"/>
Added to the volunteer list	<input type="checkbox"/>

AREA OF WORK PREFERENCE:

Intake Office _____ Thrift Store _____ Warehouse _____

YOUR SKILLS:

Cashier _____ Computer/Client Interaction _____
Ability to Lift _____ Sorting/Pricing Clothes _____
Okay Standing _____

Briefly share why you wish to volunteer with H.E.L.P. Inc.

In Case of Emergency / Person to Call: _____

Relationship to you _____ Phone _____

OFFICE NOTES:

Staff who interviewed applicant _____

Date to begin _____ Department and shift _____

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DOCUMENT OF UNDERSTANDING FOR VOLUNTEERS

I _____

hereby certify and understand that all USDA commodities under H.E.L.P. Inc., control are for exclusive distribution to, and for consumption by our clients.

Further I, agree to provide my services on a volunteer basis without compensation in any form. And, as a volunteer of H.E.L.P. Inc., I will comply to the above and with other guidelines that may be issued by management from time-to-time.

SIGNATURE OF H.E.L.P. INC. VOLUNTEER

DATE:

ACCEPTED BY:

H.E.L.P INC BOARD MEMBER