

Volunteer Application



Hastings Family Service

301 Second Street East, Hastings, Minnesota 55033

Phone 651-437-7134

Laurie Chapman - Volunteer Coordinator

Volunteer Information

Date _____

FULL NAME: _____
Last First M.I

ADDRESS: _____
Street Apt/Unit #

City State Zip Code

HOME PHONE: (_____) _____ OTHER PHONE:(_____) _____

E-MAIL ADDRESS: _____ BIRTHDATE: ____/____/____

CHURCH AFFILIATION _____

Emergency Contact Information

FULL NAME _____
Last First M.I

ADDRESS _____
Street Apt/Unit #

City State Zip Code

HOME PHONE: (_____) _____ OTHER PHONE:(_____) _____

RELATIONSHIP _____

Availability

*In order to best serve our clients we do request a set schedule for some volunteer positions.

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
9-1	9-1	9-1	9-1	9-1	9-1
1-5	1-5	1-5	1-5	1-5	1-5
On call	On call	on call	on call	on call	on call

I am available for a weekly 4 hour shift ___ yes ___no

Do you have children that you would like to volunteer with for special projects/events?

NAMES/AGES _____

Questions to get to know you better

- 1) Have you received any services from Hastings Family Service as a client? If yes, when?
- 2) Do you belong to any community organizations?
- 3) Do you have previous volunteer experience?
- 4) Is there a specific program for which you would like to volunteer?

FOOD SHELF-sorting and shelving donations, packing food orders; (involves bending and light lifting)

CLOTHES CLOSET & MORE Thrift Store - provide customer service to all customers and clients, operate register, maintain cleanliness and organization of store, display sorted donations.

VOLUNTEER RECEPTIONIST – Answer phones, light computer work, data entry and administrative duties.

HOLIDAY ASSISTANCE-Assist clients with sign up, distributing food and gifts, gift packing & wrapping.

MEALS ON WHEELS-deliver noon meals to clients.

JUST FRIENDS-transportation (there is mileage reimbursement), friendly visiting, light chore services.

SPECIAL EVENTS (on-call)

ALL VOLUNTEER APPLICANTS AND PARENTS OR GUARDIANS

PLEASE READ, SIGN, AND DATE THE FOLLOWING:

I certify, to the best of my knowledge, that all information given by me/applicant in this application and in any other forms I/applicant complete during the application process is true and correct. I understand that false or misleading statements made by me/applicant or consequential omissions of any kind in the application process, are sufficient cause for not being accepted as a volunteer or for being dismissed if I/applicant am already a volunteer no matter when discovered.

I authorize Hastings Family Service to investigate all of the information contained in this application/background check. I understand that there will be an interview prior to my/applicant's being accepted as a volunteer. I agree to not hold Hastings Family Service and its staff liable while performing volunteer services. I agree to follow the HFS policies presented through my orientations.

(Applicant Signature) _____ (Date) _____

(Print name of Applicant) _____

Applicant is under 18. He/She has my permission to become a volunteer at HFS

(Parent/Guardian's signature) _____ (Date) _____

(Print name of Parent/Guardian) _____

REFERENCES

Please list two work, school, or personal references, not relatives, whom we may contact regarding your application.

Name _____

Phone(day) _____ Phone (evening) _____

Name _____

Phone (day) _____ Phone(evening) _____