

Volunteer Application – Veterans Guest House



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

- Administration
 Events
 House upkeep
 Fundraising
 Deliveries
 Phone & door help
 Maintenance
 Volunteer coordination

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I also affirm that if needed, I will submit to a complete background check. I understand that I will be working in an environment where sickness and disease are present. The Veterans Guest House will take every normal precaution to ensure a clean, safe working place, but I am aware that I could contract any of the sicknesses and diseases that are in the House and will not hold the Veterans Guest House liable for any sickness or disease I may contract. The Veterans Guest House reserves the right to terminate my volunteer position at any time it deems necessary.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. The Veterans Guest House provides temporary housing for Veterans and/or their families during times of medical need.

Thank you for completing this application form and for your interest in volunteering with us.

Your Choice Information

Summarize why you chose the Veterans Guest House as your volunteer area and the circumstances that lead you to the VGH.

COMPLETE THE FOLLOWING * ONLY IF THIS IS COMMUNITY SERVICE

* Contact Information for Community Service

Court/School Name	
Street Address	
City ST ZIP Code	
Judge /Teacher Name	
Contact Phone for above	
E-Mail Address	

* Requirements

How many hours are you required to fulfill?

Will the court/teacher require a letter at the end of your hours?

When do your hours have to be completed?

Describe why you are required to do community service hours.