



# UNITED SERVICE HUMAN RIGHTS

## VOLUNTEER APPLICATION

Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

Thank you for your interest in our organization.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Any special talents or skills you have that you feel would benefit our organization?  
\_\_\_\_\_

Interests: Please tell us in which areas you are interested in volunteering

- |  |   |
|--|---|
| <input type="checkbox"/> Administration        | <input type="checkbox"/> IDA Program                    |
| <input type="checkbox"/> Events                | <input type="checkbox"/> Immigration Assistance Program |
| <input type="checkbox"/> Program               | <input type="checkbox"/> SNAP Assistance Program        |
| <input type="checkbox"/> Fundraising           | <input type="checkbox"/> Medicaid Assistance Program    |
| <input type="checkbox"/> Deliveries            | <input type="checkbox"/> Funeral Assistance Program     |
| <input type="checkbox"/> Communication         | <input type="checkbox"/> Other _____                    |
| <input type="checkbox"/> Senior Transportation |   |

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Please indicate days available: Mon Tues Wed Thur Fri Sat

Times available: From \_\_\_\_\_ to \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

*As a volunteer of our organization I agree to abide by United Service Human Rights the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_