



Volunteer Application:

First Name: _____ Last Name: _____

Home Address: _____

City/Town _____ State _____ Zip Code _____

Mobile Phone: _____ Home Phone: _____

Date of Birth: _____ Email address: _____

Emergency Contact: _____ Relationship: _____

How did you hear about volunteer opportunities at EHAP?

Why do you want to volunteer at EHAP? _____

What areas of expertise and/or interest do you have?

Fundraising Media/Technology Graphic Design Driving

Office/Administrative Marketing/PR Accounting Carpentry

Other: _____

Please tell us about any previous volunteer experience:

Organization/Agency Name: _____

Starting Date: _____ Duration of Service: _____

Supervisor's Name & Phone: _____

Describe your responsibilities as a volunteer: _____

Are you still volunteering there? _____ If not, why did you leave? _____

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Organization/Agency Name: _____

Starting Date: _____ Duration of Service: _____

Supervisor's Name & Phone: _____

Describe your responsibilities as a volunteer: _____

Are you still volunteering there? _____ If not, why did you leave? _____

Please Provide 2 Personal References (Please note: Family members will not be accepted as references; volunteer or business relationships are preferred):

Reference 1:

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

How do you know this individual: _____

How long have you known this person?

Reference 2:

Name: _____ Phone: _____

Address: _____ City/State: _____

How do you know this Individual? _____

How long have you known this person? _____

Your signature below indicates your approval for EHAP to contact your references and verify your past work or volunteer experience.

Signature

Print Full Name

Date