B\* Helpful Love Volunteer Application Form

Confidential

Personal Information

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you legally eligible to work in the U.S? Yes \_\_\_\_\_ No \_\_\_\_\_\_\_

Are you 18 years or older? Yes \_\_\_\_\_ No \_\_\_\_\_\_

Can you provide legal documentation? Yes \_\_\_\_ No \_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best day and time to contact you \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If applying for a specific volunteer position, please state which role you would prefer and why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Volunteer Interest: Please check all areas of interest

* Fundraising Events
* Prepare Love Bags and Blessing Bags (Office)
* Donation/Food Drive
* Food Pantry (Prep and deliver food bags)
* Marketing (Pass out flyers in the community)
* Office Assistant (answer phones, send emails, etc)
* Senior Care Companion Service (Weekly phone calls, home visits, etc)
* Other (please specify)

Please provide 3 references: List 2 professional references who are not relatives or former supervisors \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Availability: Please list the days and times you are available to volunteer

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

\_\_ to \_\_ \_\_ to \_\_ \_\_ to \_\_ \_\_ to \_\_ \_\_ to \_\_ \_\_ to \_\_ \_\_ to \_\_

N/A \_\_ N/A \_\_ N/A \_\_ N/A \_\_ N/A \_\_ N/A \_\_ N/A \_\_

Are you looking to be: Permanent \_\_\_ Temporary \_\_\_ Seasonal \_\_

Have you tested positive for COVID-19 in the last two weeks? Yes\_\_\_No\_\_\_



Have you been in contact with someone that tested positive for COVID-19? Yes\_\_\_No\_\_\_

Are you experiencing any fever, sore throat, chills, loss of taste or any other COVID-19 related symptoms? Yes\_\_\_No\_\_\_

I certify that all the information that I have provided and is accurate. I am aware that the company’s policies do require a criminal background check and TB test prior to volunteer opportunities. If I am not chosen to volunteer my application will stay on file for 90 days, where I will be able to reapply for a volunteer position in the future. I understand that if a position is offered to me, I must adhere to B\* Helpful Love Inc. policies and regulations while volunteering. I will provide all necessary documentation prior to my first date of volunteering.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_