



Volunteer Application

Name _____ Phone _____

Address _____ City _____ Zip _____

Email _____ Birth Month & Day _____

Volunteer Opportunities. Please mark your preference of service:

- _____ Answer phone, greet guests
- _____ Front Desk: computer, filing, copying
- _____ Mailings (folding, stuffing)
- _____ Special Events: volunteer day of event to help with set-up, tear-down, and duties as needed
- _____ Handyman services: painting, gardening, repairs, etc

Please check the month(s) you are available for service:

January February March April May June
 July August September October November December

Please check the boxes that indicate the days and times you are available. Our regular shifts are: 8 a.m. – Noon, Noon – 3 p.m., 3 p.m. – 5 p.m. daily. Molly’s House will work with you to customize a schedule that meets your needs.

Times	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8 a.m. - Noon							
Noon – 3 p.m.							
3 p.m. – 5 p.m.							

Please list your office skills: _____

Please list your computer skills: _____

Education Completed: High School College(1 2 3 4 yrs) Graduate School

Please read carefully and sign after completing the application.

Volunteer Service Conditions: The information listed is true and complete to the best of my knowledge. Should I be enrolled as a volunteer at Molly’s House, Inc. any misrepresentation, false or misleading statement or omission contained herein may be considered cause for dismissal. Molly’s House, Inc. requires a background check for volunteers working directly with the families of patients that stay with us. Molly’s House has my permission to obtain all necessary information concerning my prior employment and/or volunteer service, or other sources. I release all parties from any possible damages resulting from disclosure of such information with/without prior written notice from me, I reserve the right to know the names and address of any investigative agencies used in order that I may learn the information contained in any reports furnished to Molly’s House, Inc. I understand this application does not constitute a volunteer service contract of any kind. Should I be enrolled as a volunteer by Molly’s House, Inc. I may resign such enrollment at any time and Molly’s House, Inc. may terminate my volunteer service at its discretion.

Volunteer Signature _____ **Date** _____

Employment - Please provide your current or most recent employment.

Company Name _____ Phone _____
Address _____ City _____ Zip _____
Dates employed _____ Supervisor Name _____
Duties _____
Reason for leaving _____
Name under which you were employed _____ May we contact the employer? _____

Volunteer Experience - Please list your experience, most recent first.

Organization Name _____ Phone _____
Address _____ City _____ State _____ Zip _____
Dates of Service _____ Supervisor Name _____
Duties _____
Reason for leaving _____
Name under which you volunteered _____

Personal Reference - Please provide a local personal reference other than relatives.

Name _____ Relationship _____
Address _____ Phone _____
Name _____ Relationship _____
Address _____ Phone _____

Emergency Contact

Name _____ Relationship _____
Phone _____ Address _____

Were you ever convicted of a crime or had adjudication withheld? ____ Yes ____ No If yes, please list convictions or adjudications: _____

A previous criminal conviction does not necessarily disqualify you for volunteer service. Factors such as age and time of offense, seriousness, nature of violation and rehabilitation will be taken into account.