

HANDS OF A FRIEND (Manos Amigas) Inc.
Volunteer Application

Date: _____ Ph: _____ E-mail: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please List Two References:

1) _____

2) _____

• Are you a year-around resident of the Greater Green Valley area (Y/N)? _____

• Are you bilingual? (please circle) English Spanish Other _____

• Please provide your relevant areas of experience and/or hobbies (e.g., retail, cash register, computer, customer interaction, record keeping etc.) _____

• Do you have any physical problems that could prevent you from working in all phases of volunteer work (e.g., lifting, standing, bending etc.) (Y/N)? If so, please provide a brief description. _____

• Volunteer Times

1) Which days would you prefer to volunteer? (circle)
Mon Tues Wed Thurs Fri Sat

2) Which hours would you prefer? (circle)
9 a.m. – 1 p.m. Noon – 4 p.m. Anytime Other _____

3) Would you be willing to volunteer additional time when needed (Y/N)? _____

• Emergency contact in this area: Name: _____ Phone: _____

If you are accepted as a volunteer at Hands of a Friend (Manos Amigas) Inc. your duties will be varied as directed/required by the supervisor or manager.

By signing this document I acknowledge my understanding of all the above statements and to the best of my knowledge I have answered all questions accurately.

Volunteer Signature

Parent/Guardian Signature
(If under 18 years of age)