



Eliza's Helping Hands, Inc.  
(336) 865-0389

[www.elizashelpinghands.org](http://www.elizashelpinghands.org)

### Volunteer Application

Application Date \_\_\_\_\_ Volunteer Position Sought \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email Address \_\_\_\_\_

#### **RELEVANT EDUCATION**

Highest Level of Education \_\_\_\_\_  
Degrees & Certifications (year) \_\_\_\_\_

#### **CURRENT EMPLOYMENT**

Current Employer, if applicable:  
Position/Title \_\_\_\_\_  
Dates of Employment (starting, ending) \_\_\_\_\_  
Company/Employer \_\_\_\_\_  
Address \_\_\_\_\_

Would you like us to keep your employer abreast of your volunteer service and achievement?  
No  Yes

#### **RELEVANT SKILLS & EXPERIENCE**

Special trainings, skills, hobbies \_\_\_\_\_  
Groups, clubs, organizational memberships \_\_\_\_\_  
Prior volunteer experiences (Organization names & dates of service)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What experiences have you had that may prepare you to work as a volunteer in the field of  
[description of field, e.g., domestic violence, child abuse prevention, youth recreation, etc.]?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to volunteer?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime? [If yes, what were you convicted of, when, and what were the dispositions? (A conviction is not an automatic disqualification for volunteer work).

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Do you have a valid driver's license? No  Yes

Do you have a current car insurance policy? No  Yes

Do you have health insurance? No  Yes

Do you have transportation?  No  Yes

### **REFERENCES**

Please provide three professional references who can attest to your character, skills, and work ethics. Please include your current or last employer.

<b>Name/Organization</b>	<b>Relationship to you</b>	<b>Length of relationship</b>	<b>Phone number</b>

***Please read the following carefully before signing this application:***

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Eliza's Helping Hands, Inc. that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Eliza's Helping Hands, Inc. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Eliza's Helping Hands, Inc., or my termination as a volunteer.

Signature \_\_\_\_\_

Date \_\_\_\_\_