DATE: \_\_\_\_\_\_\_\_\_\_

Thank you for your interest in volunteering with HR Recovery Initiative.

Once you complete the form, Please return to <volunteer@hrrecovery.org>

## General Information

|  |
| --- |
| First Name: |
| Last Name: |
| Title: |
| Street 1: |
| Street 2: |
| City: |
| State: |
| Zip: |

## Preferred phone

|  |
| --- |
| Work Phone: |
| Cell Phone: |
| Date of Birth: |
| Gender |
| Highest level of education: |

## Email

|  |
| --- |
| Email Address: |

## Employer/School

Please list you current or most recent employer or if you are a student, please list your current school if applicable:

|  |
| --- |
| Employer/school: |
| Street 1: |
| Street 2: |
| City: |
| State: |
| Zip: |

## Emergency contact:

In the event of an emergency whom should we notify?

|  |
| --- |
| First name: |
| Last Name: |
| Preferred Phone: |
| Relationship: |

## Special Skills/Interests

Please list any special skills or interest you have:

## Location preference:

Check with the Human Relations Director to learn more about available assignments and locations. Please select the location/region you are most interested in volunteering with.

|  |
| --- |
| Facility: |
| In-home: |
| Virtually: |
| Field: |
| Community Events: |
| Community Boards: |

## Availability

Please indicate the days and times you are available to volunteer

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Sat |
| From: |  |  |  |  |  |  |  |
| To: |  |  |  |  |  |  |  |

I would like to serve up to: \_\_\_\_\_\_\_\_\_\_hours

## Why would you like to volunteer for us:

Briefly explain why you are interested in volunteering for HR Recovery Initiative and which position are you specifically interested in?

## Felony conviction:

Have you ever been convicted of a felony? Yes\_\_\_\_\_ No \_\_\_\_\_\_\_\_

If you have been convicted of a felony, please explain the situation:

## References:

Please provide a personal, professional or academic reference. Please do not use family members as a reference.

Reference #1

|  |
| --- |
| First name: |
| Last name: |
| Preferred phone: |
| Email Address; |

Reference #2

|  |
| --- |
| First name: |
| Last name: |
| Preferred phone: |
| Email Address; |

## Photo Release

I hereby give my permission to be photographed by a representative of the salvation army for the sole pupose of promotion of the services available at HR Recovery. I also understand that I have the option at any time to not be photographed if I chose.

Please check the box if you give permission to be photographed Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

Thank you for your interest.

Please email or return completed application to <volunteer@hrrecovery.org>

Form #3 4/21