

HELPING HAND REHABILITATION CENTER
9649 W. 55TH STREET
COUNTRYSIDE, IL 60525
708 352-3580

VOLUNTEER APPLICATION

GENERAL INFORMATION

NAME: _____ DATE _____

ADDRESS: _____
STREET CITY COUNTY STATE ZIP CODE

DAY TELEPHONE _____ EVENING TELEPHONE: _____

EMAIL ADDRESS: _____

SOCIAL SECURITY NO. _____ BIRTHDAY: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____

PHONE NO: _____

HOW DID YOU HEAR ABOUT VOLUNTEERING AT HELPING HAND? _____

WHY ARE YOU INTERESTED IN VOLUNTEERING AT HELPING HAND? _____

DO YOU HAVE ANY PAID OR VOLUNTEER EXPERIENCES, EDUCATION OR LIFE
EXPERIENCES THAT MAY APPLY TO YOUR VOLUNTEER WORK AT HELPING HAND
PLEASE DESCRIBE? _____

AVAILABILITY AM(9:00AM-12:00PM) PM(12:00PM-5:00PM) NIGHT(5:00PM-9:00PM)

SUNDAY	AM	PM	NIGHT
MONDAY	AM	PM	NIGHT
TUESDAY	AM	PM	NIGHT
WEDNESDAY	AM	PM	NIGHT
THURSDAY	AM	PM	NIGHT
FRIDAY	AM	PM	NIGHT
SATURDAY	AM	PM	NIGHT

COMMENTS: _____

I certify that the information given herein is true and correct to the best of my knowledge and belief. I understand that providing false information on this application may be grounds for denying my application or for termination my services as a volunteer.

Applicant's Signature: _____ **Date** _____