

Personal Information

Please complete all requested information.

Last Name _____ First _____ MI _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Alternate Phone Cell Work

E-mail Address _____

Social Security Number _____

Driver License # _____ State Issued _____

Date of Birth _____ Anniversary (if applicable) _____

Marital Status: Single Married Widowed Divorced

Day(s) and Time(s) you are available to help: _____

Have you ever been accused or convicted of child abuse or a crime involving physical or sexual abuse? Yes No

Have you ever been convicted of a felony or plead to a misdemeanor or lesser charge? Yes No

If yes to either of the previous two questions, please attach an explanation on a separate page.

Church/Ministry/Volunteer History

Do you presently attend church?

Which one? For how long?

List any previous ministry, church, or volunteer experience, the type of experience and where you worked.

What type of work experience do you have?

References

1.

Last name _____ First _____ MI _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Alternate Phone Cell Work

Relationship _____

Last name _____ First _____ MI _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Alternate Phone Cell Work

Relationship _____

The information contained in this application is correct to the best of my knowledge. Authorize any references listed to give any information that they may have regarding my character and fitness for ministry work. In the consideration of the receipt and evaluation of this application by High Plains Helping Hands, Inc., I hereby release any individual, church, business, organization, charity, employer, record custodian, or reference, both collectively and individually, from any and all liability from damages of whatever kind or nature which at any time may result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information about me by any person or organization identified by me in this application.

I, the undersigned applicant, authorize High Plains Helping Hands, Inc. through an independent contractor to procure background information (also known as a "consumer report and/or investigative consumer report") about me. I understand that the authorization and release is valid for future background information requests during my period of service with High Plains Helping Hands, Inc. for the purpose of investigating any incidents of workplace misconduct or criminal activity for which I am alleged to have been involved during my service. These above-mentioned reports may include my driving history, including any traffic citations, a social security number trace, present and former addresses, criminal and civil history/records, any other public record. I further authorize any person, business, entity or government agency that may have relevant information to disclose to High Plains Helping Hands, Inc. through its independent contractor, including any courts, public agencies, law enforcement agencies and credit bureaus.

I understand that I am entitled to a complete copy of any background information report of which I am subject upon written request to High Plains Helping Hands, Inc.'s independent contractor. If such is made within a reasonable time from the date it was produced, I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Should my application be accepted, I agree to be bound by the policies of High Plains Helping Hands, Inc. and to refrain from unsupervised conduct in the performance of my services on behalf of High Plains Helping Hands. I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Signature _____

Date _____

Volunteer Opportunities at High Plains Helping Hands, Inc.

We invite you to join our volunteer teams in any of the following areas. We will provide training and support as you step out to serve.

Please indicate in which areas you desire to serve. Complete the application and return as indicated on the center-back section.

- Reception/Greeting/Phone Calls
- Filling Food Bags for Clients
- Stocking/Organizing Food
- Counseling – Areas: _____
- Praying with Clients
- Administrative Work
- Sorting, Organizing, and Hanging Clothes
- Helping with Special Events
- Teaching and/or Mentoring: _____
- Soliciting Donations
- Computers, Printers, Copiers - Set up, programming, maintenance
- Grant writing
- Facilities – Building, Repairs, and/or Maintenance
- Special skills - crocheting, knitting, gardening, hunting, cutting firewood (Circle which one)
- Graphic Design or Designing Brochures/Publications
- Other: _____



If you have any questions about this application, please call Rose Mizer, Director of High Plains Helping Hands, Inc., at (719) 749-2146.

Thank you for taking the time to complete this volunteer application. We will give you a call after we receive your application.

Please return this application personally to the pantry or mail to:

High Plains Helping Hands, Inc.
P.O. Box 281
Peyton, CO 80831



P.O. Box 281
14755 E. Highway 24
Peyton, CO 80831
(719) 749-2146

Helping Our Neighbors in Need

Volunteer Application

For though I am free from
all men, I have made myself a
servant to all that I may win the more.
1 Corinthians 9:19