



PLEASE PRINT ALL INFORMATION AND CIRCLE/CHECKBOX AS APPROPRIATE.

First Name ..... Last Name .....

Address ..... City/State/Zip.....

Home # ..... Cell #..... Social Security # .....

Date of Birth ..... Spouse's Name .....

Email Address: .....

Personal Information: Male Female Physical Limitations: No Yes (Please Explain) .....

Education (highest completed): 1-5 6-9 11-12 College Business Graduate School Vo/Tech

Employer (optional)..... Work # ..... Contact there: Yes/No

Previous volunteer experience .....

Skills: 1 ..... Expert Teach Amateur

2 ..... Expert Teach Amateur

Assignment / Interactions Preference In Priority Order (please circle all that apply):

# 1	Service Recipients	Staff and/or Other Volunteers
	Vocational Skills Self-Help Leisure Flexible	Clerical Events Home Repair Fundraiser Flexible
# 2	Service Recipients	Staff and/or Other Volunteers
	Vocational Skills Self-Help Leisure Flexible	Clerical Events Home Repair Fundraiser Flexible

Days and Hours Preferred In Priority Order (please circle all that apply):

# 1	M - T - W - T - F	Saturday	Sunday
	9-11 11-1 1-3 3-5 5-7 7-9 Flexible	9-11 11-1 1-3 3-5 5-7 7-9 Flexible	1-3 3-5 5-7 7-9 Flexible
# 2	M - T - W - T - F	Saturday	Sunday
	9-11 11-1 1-3 3-5 5-7 7-9 Flexible	9-11 11-1 1-3 3-5 5-7 7-9 Flexible	1-3 3-5 5-7 7-9 Flexible
# 3	M - T - W - T - F	Saturday	Sunday
	9-11 11-1 1-3 3-5 5-7 7-9 Flexible	9-11 11-1 1-3 3-5 5-7 7-9 Flexible	1-3 3-5 5-7 7-9 Flexible

Please Provide Two Verifiable References (Other than family):

NAME / MAILING ADDRESS	EMAIL	DAY PHONE	RELATIONSHIP

Emergency Contact: First ..... Last ..... Day Phone: .....

Address ..... City/State/Zip ..... Evening Phone: .....

**Service Agreement**

As indicated by my signature below and as a volunteer with MHDS, I agree to abide by the policies and procedures established. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility or liability for any accident, injury or health issues resulting from volunteer work I perform for the organization. I agree that all the work performed is on a volunteer basis and I am not eligible to receive any monetary payment or reward. I agree to serve any client who is assigned regardless of race, sex, creed or national origin and to follow the protocols established by MHDS for those interactions. I understand that I will be required to sign a Confidentiality/HIPPA Agreement and submit a form reporting hours worked. I authorize MHDS to check my references.

**Media Permission (Please check one):**

- ☐ **Full permission is granted.** This allows for myself to be photographed, videoed and/or interviewed by internal and external personnel and for the use of personal identifiers including my first and/or last name. Distribution/use of my image may include, but is not limited to, multi-media promotional efforts, social media pages (i.e. Facebook, etc.), electronic and print materials including brochures, newsletters, emails, newspaper, television etc.
- ☐ **Partial permission is granted.** This allows that I may be photographed, videoed and/or interviewed with specific limitations but same distribution as full. \_\_\_\_\_ Do NOT use my name \_\_\_\_\_ Other: \_\_\_\_\_
- ☐ **Permission is NOT granted.** I do NOT want to be photographed, videoed or interviewed and do not want my name used in any media generated by and under the control of MHDS.

As of the date indicated by my signature, I attest that I am 18 years of age and my own legal representative.

.....  
(Signature/Volunteer).....  
(Signature/Staff Receiving Application).....  
(Date)