



*The time you spend as a volunteer is a valuable gift for the organization you support, for the people whose lives you touch, and for your community. We want your volunteer experience to be enjoyable and rewarding for you, too. Please help us match your unique creativity and talents with people, projects and tasks that best meet your skills and objectives by taking time to answer a few questions.*

**Mission Statement: To provide housing and services to overcome homelessness and addiction**  
**Vision: A community where a pathway toward self-sufficiency exists for women, children and families**

### Contact Information

Group Name/ Name : \_\_\_\_\_ If Group (contact) \_\_\_\_\_  
Mailing Address : \_\_\_\_\_  
City, St : \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Commitment

Day(s) preferred? \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday  
How many hours would you like per day? \_\_\_\_\_

### Interests

Which areas interest you?

\_\_\_\_\_ Administration \_\_\_\_\_ Events \_\_\_\_\_ Fundraising \_\_\_\_\_ Thrift Stores \_\_\_\_\_ Shelters

### Special Skills or Qualifications

**Professional Skills** : such as Plumber, Electrician, Welder, HVAC Contractor, etc. **OR Life Skills**: such as Budgeting, Cooking, Computer skills, Resume' Preparation, Dressing for success, etc. \_\_\_\_\_

### Previous Volunteer Experience

Summarize your previous volunteer experience : \_\_\_\_\_

### Person to Notify in Case of Emergency:

Name : \_\_\_\_\_  
Street Address : \_\_\_\_\_  
City, St : \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### Signature

Name (printed) : \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

Our Policy: It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.