

Volunteer Application

Please Print	Date:		
Name:	Age:		
hone: Social Security #			
E-mail:	Date of Birth:		
Mailing Address:			
	nteer Masters InternClerical Staff Volunteer		
Emergency Contact – Name:	Phone:		
Relation to Volunt	eer: Phone:eer:		
Relation to volume			
List Any Health Concerns/Conditions:			
(Please attach any additional information	and/or medical instructions, including preferred hospital.)		
Professional Liability Insurance Carrier: _			
Place of Employment & Position:			
How did you hear about HUGS?			
How do you prefer to be contacted for volu PhoneTextEmai	• •		
List your availability for volunteering (days,	times, hours per week).		

Volunteer Opportunities Please check your areas of interest and expertise.

Office Work/ReceptionistMarketing and/or Public Relations				
FundraisingEduc	ational Seminars Compute	ers		
Building Maintenance	Arts & Crafts (Motivation-4-	Change Program)		
Recreational Therapy	Youth Programs Out	reach (Community Contacts)		
	e HUGS' brochure, understand tuphold the values it promotes.	_		
	ne above information is accurate ify HUGS of any changes as they			
injuries/accide	d HUGS (Heads-Up Guidance Se ents, lost/stolen items, or dama olunteering for the HUGS organ	ages incurred while on their		
I have attached a copy of my identification (Driver's License).				
I have signed a Confidentiality Waiver, and agree to a background check.				
Staff/Volunteer:				
Signature	Printed Name	Date		
HUGS Authorized Personnel/Witness:				
Signature	Printed Name	 Date		

We value our staff and volunteers and sincerely appreciate your application. Call 912-417-4320 with questions.