

Date: \_\_\_\_\_

## Love and Hope in Action

1760 SE Salerno Rd., Stuart, FL 34997

E-mail: [loveandhopeinaction@gmail.com](mailto:loveandhopeinaction@gmail.com)

Website: [www.lahia.org](http://www.lahia.org)

Phone: 772-781-7002

### VOLUNTEER APPLICATION

Your contact information

Mr.  Mrs.  Ms. \_\_\_\_\_  
Last Name First Name MI Preferred Name

Mailing address \_\_\_\_\_  
Street City State Zip

Seasonal resident?  Yes  No If yes, what months at above address? \_\_\_\_\_

Please send my mail to:  above address  secondary address below

Secondary address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female  
Month/Day/Year

---

#### Your Availability to Volunteer

During which days and hours are you available for volunteer assignments? Normal shift times are listed although there may be other shifts depending on the job. Select all that interest you!

##### Weekday mornings:

7:00 to 11:00 Hygiene cottage (laundry/shower monitor)  7:30 to 10:30 Breakfast prep/cook  
 8:00 to 10:30 Dining room serve/clean  8:00 to 10:30 Dishwasher  8:30 to 10:30 Clothing pantry  
(w/ clients – Mon & Fri only)  11:00 to 2:00 Laundry (hygiene cottage w/o clients)  8:45 to 10:30  
Meal Sign-in

##### Weekday afternoons:

2:00 to 6:00 Dinner prep/cook  3:30 to 6:30 Dining room serve/clean  3:30 to 6:30 Dishwasher  
 3:00 to 6:15 Hygiene cottage (laundry/shower monitor)  3:30 to 5:30 Clothing pantry (w/ clients –  
Wed only)  4:45 to 6:30 Meal Sign-in

##### Saturday breakfast: 7:30 to 1:00 Hygiene cottage (laundry/shower monitor)

7:30 to 10:30 Breakfast prep/cook  8:00 to 10:30 Dining room serve/clean  
 9:00 to 11:00 Dishwasher  8:45 to 10:30 Meal Sign-in

##### Saturday lunch: 10:00 to 1:00 Lunch prep/cook 10:30 to 1:30 Dining room serve/clean

11:00 to 1:30 Dishwasher  11:00 to 12:00 Gospel service  11:45 to 1:30 Meal Sign-in

**Other:**  Haircuts  Transportation  Pickups / Deliveries  Food Pantry  Clothing Pantry

**Available days:** Monday Tuesday Wednesday Thursday Friday Saturday

**Person to Notify in Case of Emergency**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Please** inform us of seizure history (diabetes, epilepsy, etc.) or any medical condition we should be aware of.

**Answering “Yes” to the questions below will not necessarily disqualify an applicant. Please explain any “Yes” answers on the bottom of this sheet.**

How did you hear about us? \_\_\_\_\_

Is it necessary to limit your physical activity? \_\_\_\_No \_\_\_\_Yes

Hobbies and Interests \_\_\_\_\_

Have you been convicted of a crime within the past seven years? \_\_\_\_No \_\_\_\_Yes

Have you ever been discharged or asked to resign from your job or volunteer position? \_\_\_\_No \_\_\_\_Yes

If “Yes” what date? \_\_\_\_\_

Do you speak other languages besides English? If so, please indicate: \_\_\_\_\_

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that all information obtained during my involvement with LAHIA will remain confidential. I understand that false statements or emission of facts called for on the application are a basis for dismissal as a volunteer regardless of when they are discovered. I understand that I am not applying for employment, but rather a volunteer position that can be terminated at any time by me or LAHIA. I understand that I may be asked to complete a background check at any time during my volunteer service with LAHIA.

Volunteer Name (print) \_\_\_\_\_

Volunteer Signature \_\_\_\_\_

**If under 18 years of age, a parent, guardian or responsible adult must provide an approval signature.**

Parent Name (print) \_\_\_\_\_

Parent Signature \_\_\_\_\_

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.

Thank you for completing this application form and for your interest in volunteering with us.