

Volunteer Application

Name: _____ Date: _____

Address: _____
Street
City
State
Zip

Telephone: _____ E-mail: _____

Emergency Contact: _____ Telephone: _____

Referred By: _____

INTEREST AREAS

- Commodity Distribution
 Spoonfuls Community Meal
 Food Warehouse Packing
 Domestic Violence
 Home Delivered Meal Driver
 Senior Transportation
 Other: _____

Highest Grade Completed: _____ Area of Study: _____

Internship/ Practicum: Y / N Number of Hours: _____ MSW Supervision Required: Y / N

College/University: _____

Are you a member of a low-income household? (see yearly income guidelines below): Y / N

Household Size	1	2	3	4	5	6
Income Limit	\$29,160	\$39,440	\$49,720	\$60,000	\$70,280	\$80,560

With my signature, I acknowledge that I waive any and all claims against the Human Development Commission arising out of the performance of my volunteer duties, whether for an on-site work-related injury, personal injury, or otherwise. I assume all liability in the event that I am injured while engaged in volunteer work at HDC.

With my signature, as a one-time-only volunteer, I assure the Human Development Commission that I have not been convicted of any criminal or state law violations; particularly but not limited to crimes committed upon minors.

Volunteer Signature

Date

FOR OFFICE PURPOSES ONLY:

Background Check Completed: ___ / ___ / ___

Site Assignment: _____