



# Volunteer Application

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

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Referred By: \_\_\_\_\_

### INTEREST AREAS

- Spoonfuls Community Meal       Senior Transportation       Domestic Violence
- Home Delivered Meal Driver       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: \_\_\_\_\_