

*General Interests (Check all that apply):							
<input type="checkbox"/> Organizational Support <input type="checkbox"/> Fundraising <input type="checkbox"/> Grant writing / research <input type="checkbox"/> Administrative support <input type="checkbox"/> Childcare <input type="checkbox"/> Tax Prep / Financial Plan <input type="checkbox"/> Donation processing <input type="checkbox"/> Arts / Crafts <input type="checkbox"/> Other:		<input type="checkbox"/> Community Technology Center <input type="checkbox"/> Computer training <input type="checkbox"/> Resume writing <input type="checkbox"/> Digital media training <input type="checkbox"/> Interview skills training <input type="checkbox"/> Other: <input type="checkbox"/> Other:		<input type="checkbox"/> Wellness Center <input type="checkbox"/> Pregnancy & Childbirth <input type="checkbox"/> Healthcare & Medicine <input type="checkbox"/> Parenting <input type="checkbox"/> Wellness & fitness <input type="checkbox"/> Other:			
Relevant Degrees and Certifications (i.e., CPR, doula):		Organization		Date Completed			
1.							
2.							
3.							
4.							
Relevant Skills:							
<input type="checkbox"/> Group facilitation <input type="checkbox"/> Leadership <input type="checkbox"/> Office skills <input type="checkbox"/> Parenting experience		<input type="checkbox"/> Teaching experience <input type="checkbox"/> Event planning <input type="checkbox"/> Catering / nutrition <input type="checkbox"/> Fundraising		<input type="checkbox"/> Writing <input type="checkbox"/> Computer skills <input type="checkbox"/> Arts / Crafts / Sewing <input type="checkbox"/> Gardening <input type="checkbox"/> Other:			
Languages Spoken:				Fluency			
				<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Basic	
				<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Basic	
				<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Basic	
Availability: Please note that HPP is open Monday through Friday, from 9 A.M. to 5 P.M., and most volunteer opportunities fall within these working hours. <i>Write in times when you ARE available:</i>							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9AM-12PM							
1PM – 5PM							
*Personal References: Please provide the names and phone numbers of two personal references.							
Name (First and Last):		Relationship to you:			Phone Number:		
1.							
2.							
Emergency Contact: Who would you like us to call if you have an emergency while at HPP?							
Name:		Relationship to you:			Phone Number:		

Employment and/or Volunteer Background: <i>Please list your recent employers and/or other organizations for which you have worked or volunteered.</i>		
Agency	Positions / Duties	Dates (MM / YY – MM / YY)
1.		
2.		
3.		
4.		

***What would you like to do as a volunteer at HPP?**

***Why would you like to volunteer at HPP?**

Volunteers, staff and clients at HPP come from many different personal backgrounds. Please tell us about any experience you have working as part of a diverse, multicultural team, including experience working or volunteering with an agency that serves low income or homeless families.

Is there anything else that you would like us to know about you?

Do you have any questions for us?

****I certify that all the information in this document is true to the best of my knowledge.***

***Signature**

***Printed Name**

***Date**



****Volunteer Confidentiality Agreement***

We would like to thank you for volunteering your time and/or services to Homeless Prenatal Program. We appreciate your participation in our program.

We work hard to provide homeless pregnant women and low income families with the services and resources that they need during a very difficult time in their lives.

We provide a supportive and trusting environment and require that all volunteers respect our clients' privacy and anonymity by not disclosing their names or their business outside of Homeless Prenatal Program.

By signing your name below, you are agreeing to maintain this level of mutual respect and trust among clients, staff and volunteers by keeping client confidentiality.

Again, thank you for your participation and welcome aboard!

***Signature**

***Printed Name**

***Date**

Parental Consent (*if volunteer is under 18 years of age)

In order for your child to become a volunteer with the Homeless Prenatal Program (HPP), we need your consent. Your involvement will enable your child to enjoy a meaningful volunteer experience. Please read and sign this Parental Consent Form for your child to volunteer at HPP.

I understand that my child, wishes to be a volunteer and I hereby give my permission for her/him to work in that capacity. I understand that s/he will be provided with orientation and training necessary to assist in the performance of the volunteer duties and that s/he will be expected to meet all of the requirements of the position, including attendance and adherence to HPP volunteer policies and procedures.

My signature below gives my approval and permission for my children to volunteer with the described activity/program.

***First and last name of child/teen volunteer:** _____

***Parent / Guardian Signature**

***Parent / Guardian Printed Name**

***Date**

***Parent / Guardian Primary Phone:** _____

Parent / Guardian Secondary Phone: _____

Parent / Guardian Email Address: _____