



Mamma's Hands

VOLUNTEER APPLICATION & REGISTRATION FORM

Birthdate: _____
Last Name First M.I.

Social Security #: _____ Tel. (Home) : _____ Work: _____

Address: _____
Street City Zip Code

Highest Grade Completed: _____ Special Training _____

Interest, Hobbies, Skills: _____

List two recent employment and/or volunteer experience: _____

Employer/Agency: _____ From: _____ To: _____

Supervisor: _____ Phone: _____

Position/Duties: _____

Other Work Experience: _____

Other Volunteer Experience: _____

List Two References (whom you have known for at least a year and are not related to)

Name: Phone: Relationship:

1. _____

2. _____

Person to contact in case of emergency: _____

Relationship: Tel. Home: Work: _____

Name of Insurance Beneficiary: Phone: _____

Address: _____

Type of Volunteer Work Desired:

Staff Service (Clerical) Staff/Client Service Babysitting Landscaping

Available Dates: From _____ To _____

Day(s) of the Week _____

Time of the Day _____

Weekend: Saturday Sunday Time _____

I want to serve as a volunteer at Mamma's Hands. This information provided above is correct to the best of my knowledge.

I hereby give permission to Mamma's Hands to contact my past and present employers, volunteer agencies, and references.

Applicant's Signature: * _____ Date: _____

(For Office Use Only)

Assigned To: _____ Division

Volunteer No.

* If volunteer is younger than 18, ask parent to sign.