VOLUNTEER REQUEST FORM



This form will be used to better identify your individual or company's goals and motivation for volunteering at His House.

CONTACT INFORM	IATION			
Name			Title	
Address				
Phone	Work		Email	
1. How did you hear about H	is House Children's Hor	ne?		
2. What type of volunteer we participate in from the list be Fundraising Team: organ Events & Activities Team Campus Restoration Team Office Distribution Center Sup	elow: nize events, coordinate n: gala, banquets, conce am: paint, landscape, co ce Support: data entry,	drives, pee erts, open h onstruction admin assis	nouses, holiday events	e to
3. Goals for Volunteerism: What do you hope to achieve by volunteering?				
4. Are you interested in a	one-time experience	or long-te	rm service? Please explain	
5. What is your role in you	ır company/organizat	ion/ministı	ry's volunteering efforts?	
6. What is your availability	/? (List dates/times)			
Please return the completed form smiranda@hhch.org	to Development Departn	nent:		

Last revised on 5/20/2021