



**Huntington
City Mission**

— WHERE HOPE BEGINS —

Individual Volunteer Application

Please return the application to:

Fax: 304-523-0342, Email: jdowell@hcmwv.org

Please allow 2-3
business days for
application process.

Date _____

Name _____

Address _____

Sex _____ D.O.B. _____ Contact Number: _____ Email: _____

Church _____ Employer/school _____

Why do you want to volunteer at Huntington City Mission? _____

I am available: ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___ Sat. ___ Sun.
___ Mornings ___ Afternoons ___ Evenings Any specific hours? _____

Type of volunteering preferred: _____

Degrees/certificates _____

Tell us about your training, experiences, skills and/or hobbies that you think may be useful to the city mission.

Have you ever been convicted of a violent crime or a felony of any sort? YES or NO *if yes please provide detailed information*

1 Reference Name: _____ Phone: _____ Email: _____

2 Reference Name: _____ Phone: _____ Email: _____

I understand that as a volunteer I am subject to the policies of the Huntington City Mission. General policies include, but are not limited to: confidentiality of guest information, drug free workplace, and dress code. I also understand that as a volunteer, I am not due any compensation for my labor, but am expected to act in a professional manner and behave respectfully towards other volunteers, staff and guests of the Huntington City Mission. I hereby release Huntington City Mission, its Board of Directors, employees and other volunteer workers from any and all liability that might arise by virtue of all personal injury, property damage or other damage that might result from the use of said facility.

Applicant's Signature: _____ Date _____

If under 18: Parent or Guardian Signature: _____ Date _____

Guardian relationship: _____

Office use only: Reviewed by: _____ Date: _____