



Horn of Africa Voluntary Youth Committee

"The more we help others the more we succeed"

Volunteer Application and Agreement Form

Last Name: _____ First Name: _____ Date: _____

*Name of Parent or

Guardian if under 18 years: _____

*If volunteer is under 18 years, the parent or guardian must also complete a volunteer application and agreement form.

Address: _____ Tele: _____ (H); _____ (O)

_____ Cell: _____ Fax: _____

_____ EMAIL: _____

Company or Volunteer Group Name: _____

Date of Birth: _____ Driver's License No. _____

Emergency

Contact: _____

(Name)

(Tele.No.; Indicate Home, Work or Cell)

(Relationship)

Do you have any friends/family members who are employed or volunteer here? Yes No

When are you available to volunteer (specify hours of availability)?

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Saturday _____ Sunday _____ Holidays only _____

Types of volunteer work you think you'd be most comfortable with:

___ Fundraising

___ Office work

___ Teaching CPR and First Aid

___ Other

___ Grant writing

___ Helping people to enroll the affordable care act

List Your Past Volunteer Experiences:

Organization: _____ Duties: _____ Mo/Yr. to Mo./Yr. _____

Organization: _____ Duties: _____ Mo/Yr. to Mo./Yr. _____

Have you been convicted of a crime? No___ Yes___ If yes, please describe:

BACKGROUND CHECK: Criminal background check is required before volunteers begin working with us.

____I agree to have a background check.

REFERENCES: List two people, not related to you who have knowledge of your qualifications.

Name: _____ Mailing Address: _____

Tele. No.: _____

Name: _____ Mailing Address: _____

Tele. No.: _____

____ I need the following accommodation(s) to work as a volunteer: _____

As a volunteer for HAVOYOCO, Inc., I agree to abide by all applicable rules and regulations of the agency .I understand that I will receive no monetary benefits in return for my volunteer service and that HAVOYOCO, Inc., may terminate this agreement at any time without prior notice for any reason. I hereby authorize Enable to check my references, and I understand that a criminal background check is required.

I certify that my answers on this application are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application could be cause for rejection of this application or dismissal.

I understand that after I submit my application, it will be reviewed and my eligibility for volunteer work will be determined. I agree to an interview with a staff member of HAVOYOCO to perform my volunteer role.

I hereby Release and Waive liability against HAVOYOCO, Inc., a non-profit corporation, its directors, officers, employees and agents, its successors and assigns, for any injuries or illness that I myself or my dependent may suffer in connection with any volunteer work for Enable. Further, I agree that HAVOYOCO, Inc., is not liable for any damage to my property or my dependent's property resulting from volunteer work for HAVOYOCO.

Volunteer Signature: _____ **Date:** _____