

# Helping Hands, Inc.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



## Volunteer Application

Please check which applies:

Permanent/Regular Volunteer

Temporary

(Intern, Community Service, Summer Volunteer, School/Class Project)

Court Ordered Community Service

### PERSONAL INFORMATION

BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_ (MO/DAY)

Last Name	First Name	Preferred Name
Address	City/State/Zip	Email Address Check email often? Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone Number (8am-5pm)	Evening Phone Number	Weekends

1. How did you learn about Helping Hands? \_\_\_\_\_

2. Do you have any related experience of abuse, abandonment, and/or neglect? Yes  No  Please explain. \_\_\_\_\_

3. What are some of the prevailing attitudes of people regarding victims of abuse, abandonment, and neglect? \_\_\_\_\_

4. Why would you like to be a volunteer with Helping Hands, Inc.?

5. Do you have any related experience in volunteering with children of abuse, abandonment, and/or neglect? Yes  No  Please explain. \_\_\_\_\_

6. How much time are you willing to dedicate to volunteering at our agency? (I.e. 2 hours, one day a week, etc.) \_\_\_\_\_

Please list any other past or present volunteer activities that you are/have been involved with.

Agency or Program	Volunteer Duty Performed
_____	_____
_____	_____
_____	_____
_____	_____

### Age Group Preference(s)

Please check which programs you are interested in volunteering with:

Nursery (infants/toddlers)

School Age (ages 5-12)

Teenagers

No Preference

Bungalow (teen mothers)

Boys  Girls

Boys  Girls

### Education/Experience

Highest Level of Education Received:

School/Institution \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_

Do you have any special education or experience (work-related, volunteer, hobbies or interests) that might apply? (i.e. teacher) Please state below:

\_\_\_\_\_

\_\_\_\_\_

**Special Skills (non direct)**

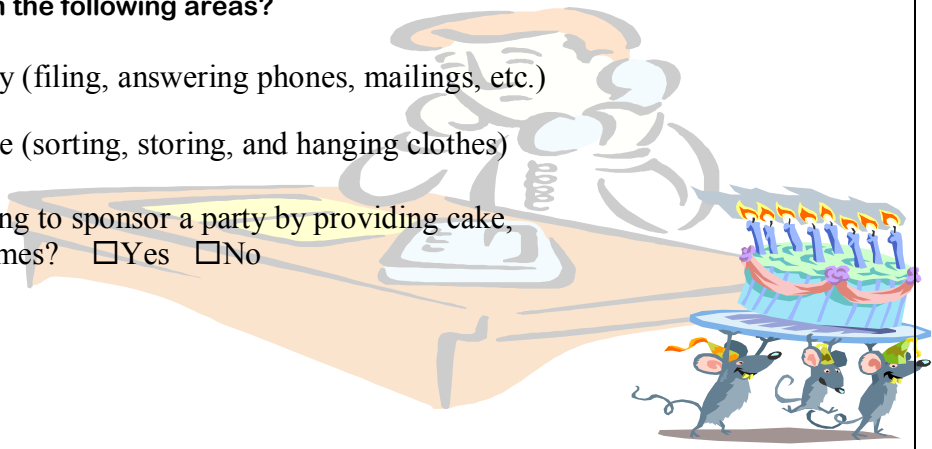
- Sewing
- Sorting Donated Clothing
- Outdoor Work/Landscaping
- Painting
- General Maintenance (installations, painting, patching)
- Special Maintenance (carpentry, concrete)
- Other (specify)

**Special Skills (direct service)**

- Arts & Crafts (cross stitching, painting, or specify) \_\_\_\_\_
- Indoor Activities (board games, story telling)
- Outdoor Activities (fishing, swimming, tennis, baseball, or specify) \_\_\_\_\_
- Music/Voice/ Instrument or specify \_\_\_\_\_
- Story Telling
- Tutoring (Age group will be assigned upon need) \_\_\_\_\_

**Can you provide support in the following areas?**

- Administrative Duty (filing, answering phones, mailings, etc.)
- Clothing Warehouse (sorting, storing, and hanging clothes)
- Would you be willing to sponsor a party by providing cake, decorations and games?  Yes  No



**Please list two (2) references.**

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone: (Home) \_\_\_\_\_  
 (other) \_\_\_\_\_

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone: (Home) \_\_\_\_\_  
 (other) \_\_\_\_\_

**All of the information provided herein is true. I understand that by applying and completing the attached forms, a criminal background check will be made with the files of the South Carolina Law Enforcement Division (SLED) and The Department of Social Services (DSS) Central Registry. I also understand that as a volunteer I will not be considered an employee and will not be compensated for my services.**

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

**For Office Use Only:**

Date Received \_\_\_\_\_ by \_\_\_\_\_ (initial)  
 Proceed? \_\_\_\_\_ Yes  No   
 Status: Approved \_\_\_\_\_ Decline \_\_\_\_\_

Date Trained \_\_\_\_/\_\_\_\_/\_\_\_\_  
 TB Test Results received: Yes  No

*Helping Hands, Inc.*

P.O. Box 503  
Aiken, SC 29802



"I never stood as tall as when I bent down to help a child."  
Author Unknown

## Volunteer Confidentiality Agreement

### Volunteer Confidentiality Agreement

In your volunteer work with Helping Hand, Inc. you will have access to information that is considered confidential. The clients that we serve often share personal information about their families and themselves. Because you are bound by state laws regarding confidentiality, you are not permitted to discuss this information or share client identities with anyone. The only exception is reports of suspected child abuse. We are relying on your cooperation in this matter because we consider you a member of our professional team. Failure to observe this policy will result in immediate termination of your services with Helping Hands, Inc.

**By signing this agreement, I understand that I am legally and morally bound to maintain strict confidentiality as outlined in the South Carolina Code of Laws, Section 20-7-690.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date