

Volunteer Application

Availability When are you available for volunteer assignments?

- Please fill in Times in AM/PM and Zones (EST, PST etc)

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Please fill duration you looking to volunteer: From (MM/DD/YY) ____ To _____

School Name _____ Grade _____

Home Address:

Street Name	
City	
Zip Code	
State	
Phone	
Email	

Languages you are fluent in ?

What are your Interests/Hobbies ?

What type of volunteer work are you looking for ?

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I understand it is a volunteering opportunity. I grant the permission with the understanding that I will not receive any financial or other compensation, now or in the future, for the usage of my work, service and/or name by Empower And Help.

STUDENT PRINT NAME - _____

I give my child permission to volunteer for Empower And Help also known as
www.empowerandhelp.com or Empower And Help Inc .

PARENTS OR GUARDIAN SIGNATURE - _____