First Time Volunteer Form

Thank you so much for your interest in volunteering with HELP! We appreciate your time. Please fill out the following information for our records.

Name: _____________________________________________________________

Contact Information:

Phone Number(s): ________________________________________________

Email Address: _________________________________________________

Mailing Address: ________________________________________________

What is the best method of contacting you: (Please Check One)
☐ Phone Call ☐ Text Message ☐ Email

Volunteering Areas of Interest: (Please Check All That Apply)
☐ Working at Facility During Open Hours
☐ Calling on Overdue Loaned Equipment
☐ Replenishing of Brochures at Different Sites
☐ Checking Equipment for Safety
☐ Delivery & Setup of Beds (within 25 mi. of facility)
☐ Cleaning equipment
☐ Organizing Equipment
☐ Computer Inventory
☐ Repairing Equipment

What is your volunteer availability?: (Ex: 1hr/week on Tuesdays)
____________________________________________________________________

How did you hear about HELP?: (If church or school, please provide name)
____________________________________________________________________

I have received the Volunteer Guidebook (please initial) _____

Signature ____________________________________________ Date ____________

Please return:
By mail to H.E.L.P. c/o Glossbrenner UMC P.O. Box 1016 Churchville, VA 24421
Or in person to 3925 Churchville Ave, Churchville, VA 24421 (during open hours only)