



**Contact Information**

Full Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Volunteer Information**

(Check all that apply)

**Volunteer interests:** Special events  Additional distribution days  Sorting  Other

**Volunteer availability:**

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Morning (8am-12pm)  Early afternoon (12-2pm)  Late afternoon (2-4pm)  Evening (4-8pm)

**If you are interested in joining a committee, select all that apply.**

Volunteer Management  Fundraising  PR/Marketing  Tools for School - Shoes

Tools for School - School Supplies  Coats Against the Cold  Not interested

**If you are representing an organization, please fill out the information below.**

Organization Name \_\_\_\_\_ Location (City, State) \_\_\_\_\_

**Please list any areas of expertise below that would enhance Hearts and Hands United.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_

Phone \_\_\_\_\_

<p><b>FOR OFFICE USE ONLY</b></p>
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