



## **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)

- |   |   |
|---|---|
| <input type="checkbox"/> Working at Facility During Open Hours                | <input type="checkbox"/> Cleaning equipment   |
| <input type="checkbox"/> Calling on Overdue Loaned Equipment                  | <input type="checkbox"/> Organizing Equipment |
| <input type="checkbox"/> Replenishing of Brochures at Different Sites         | <input type="checkbox"/> Computer Inventory   |
| <input type="checkbox"/> Checking Equipment for Safety                        | <input type="checkbox"/> Repairing Equipment  |
| <input type="checkbox"/> Delivery & Setup of Beds (within 25 mi. of facility) |   |

**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)