

Community Helping Place Volunteer Application

Street address: **2030 Hwy 19 North** Mailing address: **P.O. Box 712**

E-mail: chpinfo@alltel.net Office phone: **706-867-9621** FAX: **706-864-8828**

Thank you for your interest in becoming a CHP volunteer and for filling out this form.

Today's date: _____

Your name: Last _____ First _____ Please call me: _____

Mailing address: _____

E-mail address: _____ Home phone: _____

If student, school attending: _____ Cell phone: _____

VOLUNTEERING:

Why do you want to volunteer? _____

Where have you volunteered before? _____ How long employed there? _____

_____ What were your duties? _____

How did you choose CHP? _____

_____ Rate your computer ability: super good fair none

Area/s interested in volunteering: (circle choice/s)

Thrift Store: Clothing Furniture Trash Haul Away Furniture Pick-up

Food Pantry: Distributing Food Food Pick up Truck Unloading Restocking shelves

Day/s willing to volunteer: (circle choice/s) M T W Th F S

Time/s willing to volunteer: 10:00AM-1:00PM 1:00PM-4:00PM other: _____

References: Name: _____

Phone # _____ How long has this person known you? _____

Name: _____

Phone # _____ How long has this person known you? _____