



Our House Volunteer Application

Please submit your application to Amber at volunteer@ourhouseshelter.org or mail it to 302 East Roosevelt Road, Little Rock, AR 72206. If you have any questions please call Amber at (501) 374-7383 (ext 214) or email her at volunteer@ourhouseshelter.org

Contact Information

Name	
Street Address	
Zip Code	
Phone(s)	
E-Mail Address	
Date of Birth*	

**It is our policy that only volunteers over the age of 18 can work with our residents under the age of 18.*

Availability and Duration of Volunteer Activity

I wish to volunteer: as an individual with my family or small group with a large group

I wish to volunteer: weekly monthly bimonthly as a one time project

Specify times that you CANNOT volunteer: _____

Interests

Tell us in which areas you are interested in volunteering.

___ Sponsor a child for an after school activity (gymnastics, soccer, etc.)

___ Teach or tutor adults*

___ Assist with Little Learners daycare*

___ Help children with homework at Our Club after school program*

___ Conduct a food or supplies drive

___ Host a fundraising event to benefit Our House

___ Prepare and serve a meal

___ Host a game night or similar activity

___ Help clean facilities or assist with yard work

___ Help with maintenance or general repairs

___ Are you a hair stylist, dentist, lawyer, massage therapist, or other professional willing to share your services with our residents?

___ Share your own unique skills or create your own volunteer opportunity. Tell us about it!

** Some volunteer opportunities may require an orientation and training or other requirements including a background check or other qualifications.*

Special Skills or Qualifications

Are you:

Employed ___ Unemployed ___ Retired ___ Student ___ Other ___

If employed, place of employment: _____

Position held: _____

If student, school name: _____ Major: _____

Educational Background:

High School Diploma: _____ Some College: _____ Associate Degree: _____

Bachelors Degree: _____ Masters Degree: _____ Technical School: _____

Other: _____

Volunteer Experience and Interest

Summarize your previous volunteer experience. What motivates you to volunteer?

Why did you decide to volunteer? Why did you decide to volunteer at Our House?

Summarize skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Person to Notify in Case of Emergency

Name	
Street Address	
Zip Code	
Home Phone	
Work Phone	
E-Mail Address	

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 also understand that if I am accepted as a volunteer, Our House assumes no liability for me. I agree that I will be responsible for myself while on the premises of Our House and that I will not hold Our House liable for any injuries that I may incur while volunteering with Our House or while on the grounds of Our House.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us!