



Homeless but not Hopeless Volunteer Application

Name _____ Nickname _____

Address (e.g. shelter, group home) _____

City _____ State _____ Zip Code _____

Date of Birth _____ T-Shirt Size _____

Phone (Day) _____ (Evening) _____ Best time to call: _____

Male Female E-Mail Address _____

Emergency Contact _____ **Phone** _____

Please list any languages that you speak, read and/or write fluently, in addition to English: _____

How did you hear about The Norman Spruill House Foundation? _____

Why are you interested in volunteering with The Norman Spruill House Foundation? _____

Have you volunteered for other organizations? ____ Yes ____ No (if you checked yes, please continue below)

Organization Name: _____

Describe volunteer service below:

Please describe any work or personal experience you think might be relevant to our program:

Do you have any hobbies or special talents?

Desired Schedule (check days and times available)

- Monday Wednesday Morning (9am -12 noon)
 Tuesday Saturday Afternoon (12 noon - 4pm)
 Wednesday Sunday Evening (4pm – 8pm)
 Thursday

Frequency of volunteer availability (e.g., weekly, semiweekly, monthly) _____

Education/Credentials (if under 18 years, start with high school)

School	Date

Please list 3 references:

Name	Relationship	Time known	Phone number

Have you ever been charged with or convicted of the following: *(please check yes or no)*

- a) Felony? ___Yes ___No
 b) Any crime involving a sexual offense, an assault or the use of a weapon? ___Yes ___No
 c) Any crime involving the use, possession or the furnishing of drugs or hypodermic syringes? ___Yes ___No
 d) Reckless driving, operating a motor vehicle while under the influence, or driving to endanger? ___Yes ___No

If you answered Yes to any of the above four items, please explain. _____

Medical History and Information

All of this information is kept confidential and will only be shared with the medical professional attending the retreat. It is extremely important that you list all current allergies to medication and or foods, along with any over the counter or prescription medications.

Do you have allergies to any food, medicines or any substance? YES or NO If yes, please list.

Allergies: _____ Reaction: _____

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Do you have any health conditions that may limit your participation? YES or NO If yes, please explain.

PERSONAL HEALTH HISTORY

Childhood illness:	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Rubella	<input type="checkbox"/> Chickenpox	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Polio
Immunizations and dates:	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> HIV Positive			
	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Chickenpox	<input type="checkbox"/> Tuberculosis			
	<input type="checkbox"/> Influenza	<input type="checkbox"/> MMR <i>Measles, Mumps, Rubella</i>	<input type="checkbox"/> Aids			

Release for Publication

Please initial below

During the course of The Norman Spruill House Foundation experience, there will be occasions when you may be photographed and/or videotaped by staff, sponsors, corporate representatives, media and others. We request permission for your participation. By initialing below, you may choose to grant or deny The Norman Spruill House Foundation permission to use photographs or videotape yourself, alone or in groups, in newspaper articles, newsletters, web-site, online, brochures, special fundraising activities, scrapbook, videos and photo albums for use in public understanding and support of The Norman Spruill House Foundation. By granting permission below, you hereby release and hold harmless The Norman Spruill House Foundation from any claims, judgments or demands which may arise from the use of the above referenced photographs and/or videotapes.

_____ YES, I give permission to be photographed and/or videotaped for publication

_____ NO, I deny permission to be photographed and/or videotaped for publication

TNSHF USE ONLY

Received Date: _____ Contacted: _____ Orientation: _____ Area of Service: _____