

**HANDS OF A FRIEND (Manos Amigas) Inc.**  
**Volunteer Application**

Date: \_\_\_\_\_ Ph: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please List Two References:

1) \_\_\_\_\_

2) \_\_\_\_\_

• Are you a year-around resident of the Greater Green Valley area (Y/N)? \_\_\_\_\_

• Are you bilingual? (please circle)      English              Spanish              Other \_\_\_\_\_

• Please provide your relevant areas of experience and/or hobbies (e.g., retail, cash register, computer, customer interaction, record keeping etc.) \_\_\_\_\_

• Do you have any physical problems that could prevent you from working in all phases of volunteer work (e.g., lifting, standing, bending etc.) (Y/N)?              If so, please provide a brief description. \_\_\_\_\_

• Volunteer Times

1) Which days would you prefer to volunteer? (circle)  
Mon              Tues              Wed              Thurs              Fri              Sat

2) Which hours would you prefer? (circle)  
9 a.m. – 1 p.m.              Noon – 4 p.m.              Anytime              Other \_\_\_\_\_

3) Would you be willing to volunteer additional time when needed (Y/N)? \_\_\_\_\_

• Emergency contact in this area: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If you are accepted as a volunteer at Hands of a Friend (Manos Amigas) Inc. your duties will be varied as directed/required by the supervisor or manager.

By signing this document I acknowledge my understanding of all the above statements and to the best of my knowledge I have answered all questions accurately.

\_\_\_\_\_  
**Volunteer Signature**

\_\_\_\_\_  
**Parent/Guardian Signature**  
**(If under 18 years of age)**