

Hillcrest Platte County Volunteer Intake Form

First & Last Name _____ DOB _____

Street Address _____ Home Phone (____) _____

City _____ State _____ Zip _____ Cell Phone (____) _____

Email _____ Referred by _____

Any health issues we need to know about? _____

Emergency Contact Name _____ Phone # (____) _____

Previous volunteer experience _____

Church/Business/Organization affiliation _____

Employer/School _____ Occupation _____

Type of service:

- | | | |
|--|--|--|
| <input type="checkbox"/> Thrift Shop Volunteer | <input type="checkbox"/> Court Ordered Community Service | <input type="checkbox"/> Group Volunteer |
| <input type="checkbox"/> Scholastic Service | <input type="checkbox"/> Housing Work Day | <input type="checkbox"/> Internship |
| <input type="checkbox"/> Budget Counselor* | <input type="checkbox"/> Event Planning | <input type="checkbox"/> Office Help |
| <input type="checkbox"/> Driver | <input type="checkbox"/> Life Skills Instructor | <input type="checkbox"/> Mentor* |
| <input type="checkbox"/> Car Mechanic | <input type="checkbox"/> Tuesday Meal Prep for Life Skills Class | |

Days and times you are available to volunteer during the week:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10a-1p	12p-3p	2p-5p	Tuesday Meal Prep for Life Skills Class (5:30 PM)	OTHER _____	

Thrift Shop Projects: (select all interested)

Greeter Sorting items Cashier Dock Cleaning Donation pick-up

What location would you like to volunteer?

- | | | |
|--|---|--|
| <input type="checkbox"/> Platte City Thrift Shop | <input type="checkbox"/> South Platte Thrift Shop | <input type="checkbox"/> Young Adult Housing |
| <input type="checkbox"/> Platte City Housing | <input type="checkbox"/> South Platte Housing | |

Liability Release and Volunteer Guidelines

1. Hillcrest is not responsible for injuries that occur while volunteering.
2. Volunteers understand that they may deny the participation of an activity for any reason, unless there is a signed consent otherwise.
3. Photographic images and film might be recorded while volunteers are at Hillcrest. It is up to the individual to alert the manager if he or she does not grant consensus for images to be obtained for future usage.
4. All Hillcrest facilities are smoke-free.
5. Volunteers may use their discretion when interacting with the public. However, since volunteers are representing Hillcrest, they must behave in a way that corresponds to our mission statement.

****Budget Counselors and Mentors will be subject to a background check.**

As a volunteer for Hillcrest Platte County, I have read and understand the above statements:

Signature _____

Date: ____/____/____

