



DATE: \_\_\_\_\_

## Pink Hands of Hope Volunteer Application

Pink Hands of Hope is a non-profit 501(c)3 organization run entirely by volunteers! There are many things that need done on a daily, weekly and monthly basis. As well as special events. We have schedules available for once a week, once a month or a few times a year. Let us know your availability, skill sets and volunteer desires and we will find a place for you! We appreciate any and all help you can offer!!

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

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

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

Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Shirt Size \_\_\_\_\_

Emergency Contact : \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

Do you volunteer elsewhere? Y N Where/How Long? \_\_\_\_\_

Are you a breast cancer survivor? Y N If yes, year of remission \_\_\_\_\_

Do you have any medical limitations? Y N \_\_\_\_\_

Do you have a Facebook Account? Y / N ( Circle One) Do you follow us on Facebook? Y / N (Circle One)

What areas of expertise would you like to share with pink hands example: crafting, teaching, accounting, office skills etc?

Are you interested in being on any committee or advisor board? (Example: Fashion Show/Events/Golf Outing) Y N

Would you be interested in being trained to work in the wig room to help out cancer patients? Y N

What days work best for you to volunteer? \_\_\_\_\_

Do you prefer 10-2 2-5 or 3-7 Would you be interested in working Saturday morning 9-12

Interested in helping: Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Special Events \_\_\_\_\_

### Please list your last two paid job positions:

Job Title:	Duties:
1) _____	_____
2) _____	_____

I agree to have my name and likeness used on marketing materials such as social media as long as it puts me in a good light and is not detrimental to myself or family. ( If no- circle ) NO

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Office Use Only:**

Date of Interview: \_\_\_\_\_

Interviewed By: \_\_\_\_\_

NOTES:

Dates of Training:

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Volunteer Trainer

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