



VOLUNTEER APPLICATION

HACAP provides a multitude of opportunities for both individuals and large groups. Together, we help build stronger communities with the help of great volunteers who provide thousands of hours of work that we couldn't do alone. To get started volunteering with HACAP, please fill out the application below and we will contact you with the next steps in volunteering.

Personal Information	
Name _____	Nickname _____
Address _____	
City/State/ZIP _____	
Phone Number _____	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Birth Date ___/___/___
Email _____	Gender _____
Employment Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student	
Emergency Contact	
Name _____	Phone _____ Relationship _____

Skills, Interests, and Availability					
I am interested in volunteering in the following areas (check all that apply):					
<input type="checkbox"/> Mobile Food Pantry <input type="checkbox"/> Food Reservoir <input type="checkbox"/> Head Start <input type="checkbox"/> Health Alliance <input type="checkbox"/> Benton Senior Dining					
Please indicate what hours you are available:					
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Please summarize any special skills, talents, or hobbies you have:					

I am looking for volunteer opportunities that are:					
<input type="checkbox"/> One Time Project <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Summer Only <input type="checkbox"/> School Year Only <input type="checkbox"/> Seasonal					

Volunteer/Work Experience

Please summarize any previous volunteer/work experience (where, when, what you did).

List any training, related experience, or knowledge that you have that may benefit you in this volunteer position?

Volunteer Goals

How did you learn about HACAP?

Why do you want to volunteer with HACAP and what do you hope to gain from this experience?

Are you volunteering to fulfill a requirement for a class or a school program? Yes No

Are you volunteering to fulfill a legal community service requirement? Yes No

Agreement and Signature

Disclosure of confidential information gained through your employment or as a volunteer by Hawkeye Area Community Action Program, Inc. is an act of prohibited conduct subject to formal disciplinary action. Any information concerning a client, family, financial condition or personal peculiarities is strictly confidential. When a client's history or condition is reviewed, it must be done in privacy with only those persons involved with the client. Any other information coming to you in the course of your work concerning another person or employee is also considered confidential and may not become the topic of conversation with others.

I certify that all information provided on this application and during the orientation process is true and complete to the best of my knowledge.

Signature: _____ **Date:** _____