



# Help Me Help You VOLUNTEER APPLICATION

Please email this form to [James@helpmehelpu.org](mailto:James@helpmehelpu.org) or fax 562-270-0615

## Date of Application:

(You may skip any questions you do not wish to answer)

First Name:	Last Name:	
Street Address:	D.O.B.:	
City:	State:	Zip:
Home Phone:	Cell Phone:	
Best time to contact you:	Fax:	
Help Me Help You communicates with members primarily by e-mail.		
Which email address would you prefer to use?		
Do you have a secondary email address?		

## Business Information

Company/Organization:		
Occupation Title:		
Street Address:		
City:	State:	Zip:
How long have you been with your current employer?		

How did you hear about Help Me Help You?

## Education

I have completed:  High School  Some College  College Degree  Graduate Degree

Name of College:

If applicable, please denote what academic year you are in currently:

Freshman  Sophomore  Junior  Senior

I need volunteer hours for school/college credit

## Experience

Have you volunteered for other organizations?  Yes  No

If yes, please describe:

Do you have any business communication skills?  Yes  No

Please describe:

Please list any civic groups, clubs or associations of which you are a member:
Do you have any physical restrictions or health issues that we should be aware of?

**Interests & Availability**

Please select the most appropriate day and shift that you would be available to volunteer:

<b>Mornings:</b>	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Afternoons:</b>	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Evenings:</b>	Monday	Tuesday	Wednesday	Thursday	Friday

Are you available for special events?

Please check any areas where you may be interested in volunteering:

- Conducting Food Drive & Deliveries
- Food Pantry Volunteer
- Financial Literacy Instructor
- Financial Literacy Assistant
- Research
- Volunteer Coordinator
- Marketing/Public Relations
- Social Media Outreach
- Grant Research/Grant Writing
- Accounting/Bookkeeping

**References**

Please provide us with some references:

If you are an employee, your business reference needs to be a supervisor. If you have your own business, the referent needs to be someone with whom you are currently doing business. We also ask for two personal references who can vouch for your reputation, character, and morals. We prefer local references who have know you for at least two years. Please do not use relatives.

<b>Reference #1: Employer/Supervisor or Business Associate Reference</b>		
Full Name:		
Company:		
Address:		
City:	State:	Zip:
Business Phone:		
Relationship to you:		

<b>Reference #2: Personal Reference</b>		
Full Name:		
Company:		
Address:		
City:	State:	Zip:
Business Phone:		
Relationship to you:		

<b>Reference #3: Personal Reference</b>		
Full Name:		
Company:		
Address:		
City:	State:	Zip:
Business Phone:		
Relationship to you:		

Have you ever been convicted plead no contest or plead guilty to a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No
---

<b>Name of person to contact in case of an emergency</b>	
Full Name:	
Relationship:	
Home Phone:	Cell/Business Phone:

**PLEASE READ BEFORE SIGNING/RETURNING**

I acknowledge that this application becomes the property of Help Me Help You. To the best of my knowledge, the statements made by me on this application are true and complete, and I have withheld nothing which would reflect adversely on my application. I understand that the information that I have provided may be verified, and I give permission to Help Me Help You to make inquiry of others concerning my suitability to act as a Volunteer. I understand that a personal reference check or a criminal background check may be accomplished if that action is deemed necessary. In the course of volunteering, I may be dealing with confidential information and I agree to keep said information in the strictest confidence. In consideration for being permitted to volunteer my services to Help Me Help You, I hereby agree to any and all risks of injury, damage or loss of personal property.

The relationship between Help Me Help You and the volunteer is an "at will" arrangement, and may be terminated at any time without cause by either the volunteer or Help Me Help You.

I, on behalf of myself, my personal representatives, assigns, heirs, and next of kin, do hereby agree to indemnify and hold harmless Help Me Help You, its employees, volunteers or agents (the "Released Parties") from any and all claims or causes of action that may arise out of the performance of my assigned duties as a volunteer. I waive any right of action I have against the Released Parties in consideration of my participation as a volunteer for Help Me Help You.

IT IS MY EXPRESS INTENTION AND THE EXPRESS INTENTION OF THE RELEASED PARTIES THAT THE RELEASE PROVIDED FOR IN THIS AGREEMENT RELEASE THE RELEASED PARTIES FROM THE CONSEQUENCES OF THE ACTS OR OMISSIONS OF THE RELEASED PARTIES, INCLUDING ACTS OF NEGLIGENCE OR ALLEGED NEGLIGENCE, AND INCLUDING WHERE SAME ARE THE CONTRIBUTING CAUSE OF THE CLAIM.

I understand that volunteering at Help Me Help You may involve, but is not limited to, lifting, carrying, bending, and handling food products, including products containing peanuts and tree nuts. I am expected to follow safety rules and all other rules related to the warehouse. I hereby accept and assume full responsibility for any injury I might suffer while volunteering with Help Me Help You.

I will dress appropriately: wearing sneakers or work boots, long shorts or pants, and a t-shirt or sweatshirt. I will not wear open-toed shoes, because I understand that volunteers wearing open-toed shoes are not allowed in the warehouse and will be asked to leave.

I know that all volunteers must be at least 14 years of age, and if I am under the age of 16, I have to have an adult volunteer with me. I also know that there has to be at least one adult over the age of 18 for every 10 youth under the age of 16.

If I am a minor and there is an injury during my volunteer shift, my parent/guardian authorizes Help Me Help You to seek treatment and to take other action should a medical emergency arise. I and my parent/guardian waive and release my right for damages.

I understand that Help Me Help You accepts no liability for minor volunteers who leave the food pantry location without parental or guardian consent.

I acknowledge that this waiver and release is being signed by me voluntarily, without coercion, duress, or undue influence and with full knowledge of its terms and effects. I have read the above waiver and release of liability and fully understand its contents.

I grant Help Me Help You permission to use my likeness, voice and words in television, radio, film or in any form to promote activities of Help Me Help You.

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Signature of parent or legal guardian if volunteer is under 18 years of age.

**Thank you very much for your interest in Help Me Help You.**

We appreciate your thoughtful attention to these questions. We will contact you to invite you to an orientation/training and/or personal interview if your application is accepted. It may take several weeks to get back to you. We appreciate your patience.

**You must be at least 14 years of age to volunteer.** If you are under 18, indicate your age: \_\_\_\_\_  
Please have the "Parental Consent" section of this form completed if you are between 14 and 17 years of age.

**PARENTAL CONSENT**

I hereby consent for my minor child, \_\_\_\_\_ to be a volunteer.  
In regard to the above named youth volunteer's participation with Help Me Help You, I HEREBY AGREE, to release and hold harmless Help Me Help You, and its agents, employees and representatives of and from any and all liability of any kind or nature incurred by the above-named youth volunteer or by myself as the result of any act or failure to act, intentional or unintentional, by (1) any person who is not an agent, employee or representative of Help Me Help You or (2) any other youth volunteer. I also authorize Help Me Help You and its adult agents, employees or representatives into whose care the youth volunteer has been entrusted to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the youth volunteer by a dentist licensed under the provisions of the Dental Practice Act.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Telephone Number

**In case of emergency, another person to contact:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone Number

**Please mail to:** Help Me Help You, PO Box 32861, Long Beach 90832, **or**  
**Email:** [info@helpmehelpu.org](mailto:info@helpmehelpu.org) **or Fax:** (562) 612-5001