



VOLUNTEER APPLICATION

Horizon Health and Wellness encourages the participation of volunteers who support our mission.

If you are willing to be interviewed and trained in our procedures, we invite and encourage you to complete this application.

Your information will be kept confidential and will help us find the appropriate volunteer opportunity.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Do you have any specific skills or talents that you feel would especially benefit our organization?

Interests:

- Administration
- Events (Planning and/or Day-of Opportunities)
- Graphics
- Earth Heart Park & Garden
- Marketing
- Program Assistance
 - Children
 - SMI
 - GMH/SA
- Speaking and Presentations
- Human Resources

Are you willing to apply and pay for a fingerprint clearance card if volunteering on site? Yes No

Please indicate days available: Monday Tuesday Wednesday Thursday Friday Saturday

Times available: From: _____ am pm To: _____ am pm

Please list any physical limitations: _____

Emergency Contact Information: _____

As a volunteer of Horizon Health and Wellness, I agree to abide by the policies and procedures I have been given and I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury, or health problem that may arise from volunteer work I perform for the organization. I agree that all work is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Volunteer Applicant Signature

Date