

VOLUNTEER APPLICATION



Please return this form to volunteer@hki.org.

PERSONAL INFORMATION

Name	Last	First	Middle	Date
Present Address			City	State Zip
Permanent Address			City	State Zip
Phone			Email	

AVAILABILITY *(During normal business hours)*

Number of hours per week of availability _____

Please specify days and preferred hours _____

Expected length of availability _____ When are you available to begin? _____

Are you currently employed elsewhere? Yes No

JOB SKILLS *(Please check as many as apply)*

Computer Programs: Word Excel Access SharePoint
 Photoshop Raiser's Edge Social Media

General Office Support: Filing Telephone Donor Mailings
 Web Design Data Entry Translation
Language(s) _____

Other: _____

Please feel free to attach your CV instead of filling out the sections below.

EDUCATION

	Name and Location of School	Degree/Major
High School:		
College:		
Graduate:		

Are you still studying? Yes No School Name _____ Major _____ Until _____

RELEVANT WORK & VOLUNTEER HISTORY

(MM/YYYY)	Work/Volunteer	Location	Position

(Please use the back of this form if you need more room)