



*Serving families in need by providing food and support, while educating the community in collaboration with others who address solutions for these needs.*



The Help Center Inc. D.B.A. The Laura Miller George Help Center

Volunteer Application

Date: \_\_\_\_\_

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

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

Phone number(s): \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Emergency contact information: (The name, relationship & phone number of who we can contact in the event of an emergency).

\_\_\_\_\_

Do you have any physical limitations or medical conditions? If so, please describe them in detail.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What languages do you speak? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Where? \_\_\_\_\_

What prior experiences do you have that will lend themselves to your volunteering here? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please describe any prior criminal convictions or offenses: (We background check everyone)

\_\_\_\_\_  
\_\_\_\_\_

Do you have a valid drivers license? \_\_\_\_\_

Please provide a personal reference, with their name and contact information:

\_\_\_\_\_

Please tell is what hours you are available to volunteer:

\_\_\_\_\_

We have opportunities such as; food warehouse work, thrift store donations intake, working directly with our program participants on the food distribution, sorting and cleaning donations to the thrift store, office work including data entry, thrift store sales floor merchandising and possibly sales desk, light duty only work in either area, working with the community garden outdoors, making phone calls, delivering food (in your vehicle), picking up thrift store donations (in your vehicle), interacting with people in crisis, information gathering directly from participants, remote food distribution.

Please describe your volunteer interests, even if you don't see them listed above:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your reasons for volunteering with the Laura Miller George Help Center?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Thank you for taking the time and effort to complete this volunteer application, which will provide us with information to make sure we provide you with the best volunteer opportunity possible. We are blessed to be able to serve others and we could not accomplish our mission with out great volunteers such as yourself.

Your signature: \_\_\_\_\_

Modified on 09/14/2019

*Phillip Iman*, Executive Director, The Help Center, Inc.  
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The Help Center INC.  
DBA: The Laura Miller George Help Center  
Volunteer confidentiality statement and release

I \_\_\_\_\_,  
(your printed name)

As a volunteer with The Help Center Inc., I understand that it is the policy of The Help Center Inc. to keep all information about The Help Center Inc., our participants and our volunteers completely confidential.

I agree not to inquire into nor disclose any information about a participant unless it while transacting business with or on behalf of the participant. Failure to comply with this agreement will result in disciplinary action, up to and including termination of my volunteering with The Help Center Inc. and not to exclude possible legal action against me.

I understand that I am volunteering my services to The Help Center Inc. I hereby release, indemnify and hold harmless The Help Center Inc., its officers, employees, successors, assigns, legal representatives, organizers, sponsors and supervisors of its activities, from any and all claims, causes of actions and liability arising from or in any way connected with my volunteer participation with The Help Center Inc.

I understand that I am expressly assuming all risk, including but not limited to, all risk of injury associated with my volunteer participation at The Help Center Inc. and/or any activities conducted offsite in behalf of The Help Center Inc.

I further grant permission to The Help Center Inc. to use, without cost or approval, any photographs, videos, or audio tape of me while I am volunteering in The Help Center Inc. activities.

Your signature below signifies your agreement to abide by the statement above and do fully understand what you have agreed to.

\_\_\_\_\_  
(Your signature)

\_\_\_\_\_ (Date)