

Hospitality
entertaining angels unaware



HOSPITALITY HUB VOLUNTEER APPLICATION

Contact Information

Volunteer's Name						
Street Address						
City, State, Zip						
Home Phone						
Cell phone						
Email Address						
When are you available to help at the HUB?	<p style="text-align: center;">M____ T____ W____ Th____ F____</p> <p>Please tell us if your participation is limited to specific times:</p>					
Why do you want to work in the HUB ministry?						
Please check what volunteer activity you are willing to perform at the HUB?	<table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Counselor</td> <td rowspan="4" style="border: none; vertical-align: top;">Please add any other way you would like to help:</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Reception/Greeter</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Sort/Distribute Mail</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Answer phones</td> </tr> </table>	<input type="checkbox"/> Counselor	Please add any other way you would like to help:	<input type="checkbox"/> Reception/Greeter	<input type="checkbox"/> Sort/Distribute Mail	<input type="checkbox"/> Answer phones
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<input type="checkbox"/> Reception/Greeter						
<input type="checkbox"/> Sort/Distribute Mail						
<input type="checkbox"/> Answer phones						
Do you have specific concerns you want to address before committing to the HUB?						
How did you learn about volunteer opportunities at the HUB?						

Person to Notify in Case of Emergency

Name	
Street Address	
City, State, Zip	
Home or Cell Phone	
Work Phone	
Email address	

Reference from Volunteer Experience

If you have not volunteered in the past, please list an employment reference

Name	
Home Phone	
Cell Phone	
Email Address	
Position in Organization	

If you have had experience working with homeless persons and/or if you have specific qualifications for this work, *please describe briefly*

<i>Situation -Condition</i>	<i>What you did</i>	<i>Is this a strength for you?</i>
Homeless		
Mentally impaired		
Other population(s)		
Please list any special skills, licenses, clinical certifications you may have.		

Background Information:

Have any restrictions been imposed upon you that would make it inappropriate for you to work as a volunteer with persons who may be in positions of vulnerability? If so, you will be asked to share that information with the Director.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. In addition, the below-signed hereby agrees to indemnify and hold harmless The Hospitality HUB, its employees, volunteers, clients and agents from any and all liability, claims, damages, and/or actions of property and/or injury.

I understand that a background check may be conducted through Shelby County General Sessions Court.

This agreement may be terminated at any point by either party: The HUB or the volunteer.

I have read and I understand all the information and policies set out in this document.

Applicant/Volunteer Agreement and Signature:

Print Name:	Signature:	Date:
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Please mail this application with your original signature to:

**Kelcey D. Johnson
Associate Director
The Hospitality Hub
82 N. Second Street
Memphis, TN 38103**

For office use only:

Application received by:	Action:
Date:	