

Our House, Inc.  
**Volunteer Application.**

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

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

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

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

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

School Attending: \_\_\_\_\_ Class Year: \_\_\_\_\_

Major: \_\_\_\_\_

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

How did you hear about The Our House, Inc.? Why are you interested in volunteering here?

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

Please circle the letter that best describes the category you represent:

A) Community Service B) Civic Group C) Employee Group D) Faith Institution E) Family F) Hands on Atlanta

G) Individual H) School/College I) Other (*please explain*)

\_\_\_\_\_

Name of Group: \_\_\_\_\_

Previous Volunteer Experience:

Dates:

Agency:

Activity:

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

List skills and talents you feel will be useful in your volunteer work:

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

Day(s) Available: (*Circle all that apply*) **M T W Th F**

Time(s) Available: (*Circle all that apply*) **8 AM – 12 PM** and/or **3 – 6 PM**

References: Please give two (2) personal or professional references (Not Family) known at least one year.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relation: \_\_\_\_\_

Thank you for your interest in The Our House, Inc..

Volunteer opportunities are available Monday – Friday from 8 AM – 12 PM and 3 – 6 PM

Please fax this form to the Volunteer Coordinator, Amber Buck, at 404-378-1060. She may also be reached by email at: [abuck@ourhousega.org](mailto:abuck@ourhousega.org)