



461 Mt. Support Road, Lebanon, NH 03766 - (603) 643-2298

## Volunteer Application

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

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

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Prior Experience: \_\_\_\_\_

How did you become interested in David's House? \_\_\_\_\_

### Volunteer Opportunities

Please circle the volunteer opportunities that interest you.

- Cooking and Baking (on or off-site)
- Playroom Support (cleaning/organizing toys and games)
- Weekend Kitchen Support (sweeping, dishwashing, pantry organization)
- Light Grounds Upkeep (weeding, driveway/walkway sweeping, trash/lawn debris pickup)
- Other Special Projects (as needed)

**Other Interests/Skills:** \_\_\_\_\_

Best time of day to contact you: \_\_\_\_\_ Preferred Method: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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

### Release, Commitment and Confidentiality Statement

I understand that this is an application for, and not a commitment or promise of, volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application and in interviews with David’s House, that is true, correct and complete to the best of my knowledge.

I certify that I have and will answer any question that would unfavorably affect my application for a volunteer position. I understand that information contained on my application may be verified by David’s House. I understand that misrepresentation or omissions may be cause for my immediate rejection as an applicant for a volunteer position with David’s House or my termination as a volunteer.

**I understand and support the mission of David’s House and agree that any information I receive, directly or indirectly, regarding any guest, will be kept in strict confidence. Breaches of confidentiality will be cause for immediate dismissal.** Should such a termination occur, I understand that my obligation to protect the confidentiality of both the guests and organizational information will continue after termination of my relationship with David’s House.

I agree to hold David’s House staff, directors, guests, and volunteers harmless in the event of an accident or injury sustained by me while performing my volunteer service. I agree that I will not use my vehicle to transport guests at any time for any reason.

I agree to read and abide by the David’s House volunteer manual, and ask questions/seek clarity where needed.

**I agree to authorize a national background criminal and child abuse check with the cost to be paid by David’s House:**

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

<p>Approved _____ . Denied _____ .</p> <p>By: _____ .</p> <p>Date: _____ .</p>
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