His Helping Hands



Clare County

Volunteer Application

Personal Information

Name
(First) (Middle) (Last) Birth Month/Day

Title Preferred Nickname

Street Address

City State Zip Code

Cell Phone Number Home Phone Number

E-mail Address

Emergency Contact Name Telephone Number Relationship

Church Information and Reference

Church Name Denomination

Pastor's or Church Leader's Name Phone Number

Volunteer Information

How did you learn about this volunteer opportunity?

When are you available (dates and times)?

Please write your testimony on the back of this application.