

SOUTH HILLS INTERFAITH MINISTRIES

5301 Park Avenue
Bethel Park PA 15102
412-854-9120
412-854-9123 - Fax
Email: info@shim-center.org

FOR OFFICE USE ONLY
START DATE _____

HIPPA: _____

Volunteer Registration

Date _____

Adult College Student

Name _____

Address _____

City, State _____ Zip _____

Phone _____ Cell _____ Email/Fax _____

Best way to reach me:

Home Phone Cell Email

Please send me email updates about SHIM volunteer opportunities.

SHIM may use my name and/or photo in publications, press releases or other publicity materials.

Congregation Affiliation:

Please list community, congregations or other organizations to which you belong:

How did you learn about South Hills Interfaith Ministries?

Are you a SHIM client or have you ever previously been a SHIM client?

VOLUNTEER EXPERIENCE/INTERESTS – List current or previous volunteer activities.

Please check all activities that interest you.

___ Receptionist

___ Food Pantry

___ Special Events/fundraisers

___ Clerical

___ Clothing Room

___ Data Entry

___ Van Driver (food pickups)

___ Telephone

___ Dollar Energy Assistance

I prefer to work with: (Check all that apply)

Children Teens Adults Seniors

AVAILABILITY

Are you available all twelve months of the year? If not, please specify. _____

What day of the week are you available? AM or PM?

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

IN CASE OF AN EMERGENCY, do you have a medical condition that we should know about?

What medications are you taking? _____

Whom should we notify?

CONTACT: _____

1. Relationship: _____ Phone _____

CONTACT: _____

2. Relationship: _____ Phone _____

CONSENT: *If volunteer is under the age of 18, parent/legal guardian must complete this portion*

I give my consent for _____ to volunteer at South Hills Interfaith Ministries.

I give my consent for _____'s name and/or photograph to be used in any South Hills Interfaith Ministries' publication, press releases or other publicity materials.

Print Name of Signing/Guardian _____

Parent/Guardian Signature _____ **Date** _____

Your signature authorizes SHIM to release information in the case of a medical emergency.

Volunteer's Signature _____ **Date** _____

Your signature authorizes SHIM to release information in the case of a medical emergency.

NOTES: _____
