

SOUTH HILLS INTERFAITH MINISTRIES

1900 Sleepy Hollow Drive
South Park PA 15129
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 Middle/High School 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.

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Receptionist | <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Special Events/fundraisers |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Clothing Room | <input type="checkbox"/> Tutor |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Pre-school Assistant | <input type="checkbox"/> Van Driver (food pickups) |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Camp counselor | <input type="checkbox"/> Dollar Energy Assistance |

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

- Children Teens Adults Seniors

What special skills, interests or hobbies would you like to share?

Are there any tasks you would prefer not to do or are unable to do?

In the case of an emergency, are there any medical conditions that we should be aware of?

AVAILABILITY

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

Are you available to work from home?

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

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

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** _____

Volunteer's Signature _____ **Date** _____

NOTES: _____

