



**Atlanta Hospital Hospitality House
INFORMATION**

**1815 Ponce de Leon Avenue, NE
Atlanta, Georgia 30307**

**“The House with a Heart”
VOLUNTEER**

Date _____

Date of Birth _____
Month/Day

Mrs. Ms. Miss Mr. Dr. (circle one)

Name

_____ Last _____ First _____ Middle _____

Address

_____ Street _____ Apartment # _____

_____ City _____ State _____ Zip Code _____

Home Phone (____) _____ **Work Phone** (____) _____
Area code Area code

Emergency Contact

_____ Name _____ Relationship _____ Phone _____

Occupation

Current Employer

Student? ___ Yes ___ No High School/College/University _____

Personal References (Please list two non-family references)

Name _____ Name _____

Address _____ Address _____

Phone Number _____ Phone Number _____

Volunteer Experience:

Please list places you have volunteered in the past. If no volunteer experience, list relevant work experience:

Civic Affiliations:

Please continue on back

Special Training: (i.e., office skills, clinical training, foreign language) _____

Hobbies:

Reasons for volunteering:

Please check the volunteer activities you are interested in:

- | | | |
|--|---|--|
| <input type="checkbox"/> fundraising | <input type="checkbox"/> house cleaning | <input type="checkbox"/> meal preparation |
| <input type="checkbox"/> House tours | <input type="checkbox"/> assisting staff | <input type="checkbox"/> special events/projects |
| <input type="checkbox"/> gardening/yard work | <input type="checkbox"/> visiting with guests | <input type="checkbox"/> clerical/computer work |

Please list the days and times you are available to volunteer:

Volunteer Days	Time Available

Statement of Confidentiality:

If accepted as a volunteer at the **Atlanta Hospital Hospitality House**. I pledge to hold in strict confidence, all personal and official matters which come to my attention. It is my responsibility to respect and preserve the privacy of the guests as well as details involved.

Signature

How were you referred to the **Atlanta Hospital Hospitality House**? _____ friend _____
newspaper

_____ other _____

For Office Use Only:

Please return this application to:

Melissa Connor, Executive Director
Atlanta Hospital Hospitality House, Inc.
1815 Ponce de Leon Avenue, NE
Atlanta, Georgia 30307
(404) 377-6333 or Fax to (404) 377-0668

Atlanta Hospital Hospitality House, Inc.
AHHH is an independent non-profit organization
that provides a “home-away-from-home”
for outpatients and out-of-town relatives of
patients hospitalized in Atlanta area hospitals.