



Volunteer Application

First Name

Last Name

Street

City

State

Zip

Email

Contact Phone Number

Emergency Contact Person:

Name

Relationship

Phone

Email Address

Check all of the volunteer activities you are interested in:

We will try to assign you tasks based on your interests.

Guest activities

Check Ins

Gardening/yard work

Tours/Check-ins

Office/Reception

General Maintenance

Meal Preparation

House cleaning

Baking

Other (please describe) _____

How often do you want to volunteer?

- Two times a week
- Once a week
- Biweekly
- Once a month
- As needed for special projects (we will email you when we have a need)

What is your preferred day(s) and times for volunteering? (please circle all that work)

Monday

9-11am 11am-1pm 1-3pm 3-5pm 5-7pm 7-9pm

Tuesday

9-11am 11am-1pm 1-3pm 3-5pm 5-7pm 7-9pm

Wednesday

9-11am 11am-1pm 1-3pm 3-5pm 5-7pm 7-9pm

Thursday

9-11am 11am-1pm 1-3pm 3-5pm 5-7pm 7-9pm

Friday

9-11am 11am-1pm 1-3pm 3-5pm 5-7pm 7-9pm

Saturday

5-8pm

Sunday

5-8pm

Are you interested in organizing a drive, making breakfast bags, or other virtual volunteer opportunities?

- Yes
- No

Are you interested in group (2 or more) volunteer opportunities (like serving a meal?)

- Yes
- No

Please complete the application and email to Sheila@atlhhh.org

You will receive a confirmation email along with information about your first scheduled shift

- I agree to volunteer during my scheduled shift(s) and not to bring others with me unless approved by staff.
- If accepted as a volunteer at the Atlanta Hospital Hospitality House, I agree to follow all COVID-19 guidelines, precautions, procedures and safety practices, including health screening, temperature checks, social distancing, hand washing, and wearing a mask at all times.
- If accepted as a volunteer at the Atlanta 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: _____

Print Name: _____

Date: _____