



Helping Families Stay in Their Homes

Volunteer Sign-Up Form

Please print clearly.

Name _____
First Middle Last

Mailing Address: _____

City/Town: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

DOB: ____/____/____

Email _____ Gender: M F

Driver's License No.: _____ State: _____ Expiration Date: _____

Emergency Contact Name: _____ Phone: _____

How did you hear about us? (circle): Friend/word of mouth NHN website Facebook

Local Newspaper Other: _____

Tell Us About Yourself (Please use the back if needed)

Volunteer Experience _____

Job Experience/Skills: _____

NHNRI has volunteer opportunities in many areas. Please indicate how you would like to get involved with Neighbors Helping Neighbors RI by circling the areas of need.

Painting Roofing Tiling Building Fund-Raising Marketing
Snack/Lunch Crew Administrative Information Technology Set-Up/Clean-Up
Fund Raising Ladder Crew Tool Manager Site Writers
Public Relations Project Coordinator Project Leader

Other: _____

References:

☐ Name: _____ Relationship to you: _____

Phone Number/Email Address: _____

☐ Name: _____ Relationship to you: _____

Phone Number/Email Address: _____

Your signature on the Volunteer Application Form authorizes Neighbors Helping Neighbors RI to perform a background check on you using various official sources.

VOLUNTEER SIGNATURE _____

DATE _____

Please return the completed application to:

NHNRI
P.O. Box 406
Charlestown, RI 02813
ATTN: Tina Lundgren, Volunteer Coordinator