

Gifts of Hope, Inc. Volunteer Information Sheet



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Cell Phone: _____

E-mail: _____

Birth Date: _____ / _____ / _____

Times available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Please check off all areas of interest:

<input type="checkbox"/> House Cleaning help as needed	<input type="checkbox"/> Prayer group Tuesday night 5:30	<input type="checkbox"/> Providing supplies as needed	<input type="checkbox"/> Fundraising
Cleaning guest rooms and misc on an as needed basis	Come and pray with or for our residents and guests	Help purchase the supplies we need for Hope House	Volunteer at one of our fundraising events
<input type="checkbox"/> Office Help as needed	<input type="checkbox"/> Gardening/Yard seasonally	<input type="checkbox"/> Toiletry bag assembly	<input type="checkbox"/> Support Groups twice a month
Data entry, filing, clerical assistance	Keep our grounds lovely by weeding & planting	Putting toiletries together for guest rooms	Provide lunch, mail flyers or help schedule speakers
<input type="checkbox"/> Snacks weekly	<input type="checkbox"/> Transportation	<input type="checkbox"/> Making lunch week days at ACC	<input type="checkbox"/> Special events
Our guests enjoy home-made snacks & goodies	Provide transportation for a patient in need	Help make and serve lunch to the patients at Allison	Volunteer to help spread the good news about GOH

Please list any special talents, skills and interests: _____

Thank you for all you do and are yet to do!

Emergency contact name and number: _____

Once you have filled out this form please return it to Gifts of Hope by email (fatima@suddenlinkmail.com) by fax (432-218-8716) or by mail (PO Box 1323 Midland, TX 79702)