

Volunteer Information Sheet
Agape **Help** House
120 Lamar Parkway, Pacific, Mo 63069
636-271-5315

Last Name: _____ First Name: _____

Address: _____

Phone: _____ Sex: M / F

Physical limitations: No / Yes (Please Explain) _____

Emergency Information:

Last Name: _____ First Name: _____

Relationship: _____ Phone: _____

Volunteer Availability: (circle hours your would be available)

Monday	8	9	10	11	12	1													
Tuesday	8	9	10	11	12	1	2	3	4	5	6								
Thursday	8	9	10	11	12	1	2	3											
Friday	8	9	10	11	12	1	2	3	4	5	6								
Saturday	8	9	10	11	12	1	2												

I hereby agree that I read and will adhere to the Agape **Help** House Code of Ethics and standards laid out in the Personnel Manual. I acknowledge that the expectations for my performance and behaviors are the same as an employee. I will serve any client or customer who is assigned regardless of race, sex, creed or national origin. I agree that I may be placed in different areas on an as needed basis. I will conduct myself in a professional manner at all times.

Signature: _____

Date: _____