

**HIS NESTING PLACE
VOLUNTEER INFORMATION**

Volunteer Application



His Nesting Place
350 E. Market Street
Long Beach, CA
90805
(562) 422-2137

HIS NESTING PLACE VOLUNTEER INFORMATION

DATE: _____

NAME: _____

ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER (WITH AREA CODE): _____

CHURCH YOU ATTEND: _____ PASTOR/PRIEST: _____

IF REQUIRED, COULD YOU GET A RECOMMENDATION FROM YOUR PASTOR? _____

HAVE YOU EVER HAD ANY EXPERIENCE IN SIDEWALK COUNCILING?

WHAT HAS PROMPTED YOU TO BECOME A VOLUNTEER AT HIS NESTING PLACE? _____

WHERE DO YOU CURRENTLY WORK? _____

HOW MANY HOURS PER WEEK OR MONTH CAN YOU DEVOTE TO HIS NESTING PLACE? _____

WHAT IS THE BEST TIME OF THE DAY OR NIGHT FOR YOU TO HELP?

WHAT TYPE OF VOLUNTEER WORK HAVE YOU DONE IN THE PAST?

WHERE: _____

HOW LONG: _____

DUTIES: _____

HIS NESTING PLACE VOLUNTEER INFORMATION

PLEASE INDICATE AFTER THE FOLLOWING ITEMS YOUR INTEREST AND EXPERIENCE:

(INDICATE WHEATHER YOU ARE A NOVICE OR HAVE EXPERIENCE EITHER THROUGH YOUR WORK OR WITH THE REMODELING OF YOUR OWN HOME)

MECHANIC_____

ELECTRICAL_____

CARPENTRY_____

MASONARY_____

PLUMBING_____

LANDSCAPING & PULLING WEEDS_____

GENERAL HANDYMAN_____

TILING_____

DRYWALL (patching or large installation)_____

OTHER_____

(INDICATE YOUR AREA OF INTERIST OR EXPERTSES)

ASSEMBELING OF ROSES OR PINS FOR FUNDRAISERS_____

CARPET CLEANING_____

CAR REPAIR/MAINTENANCE_____

CHILD-CARE (WED-SUN)_____

COMPUTER HARDWARE SUPPORT_____

COMPUTER SOFTWARE SUPPORT_____

DOANTION PICK-UP (MUST HAVE YOUR OWN TRUCK)_____

FUNDRAISING_____

GARDENING HANDYMAN_____

GENERAL CLEANING_____

OTHER_____

HIS NESTING PLACE VOLUNTEER INFORMATION

GENERAL OFFICE _____
(I.E. FILING, ANSWERING PHONES)

COMPUTER ASSISTANT _____
(I.E. TYPING LETTERS, FORMS, FLYERS) CAN YOU PROVIDE THE ASSISTANCE FROM YOUR HOME COMOUTER? _____

MOTHLY NEWSLETTER MAILING _____

PREGNANCY HELP CENTER _____
(WE WIL TEACH YOU HOW TO COUNSEL PREGNANT MOMS ABOUT PRO-LIFE, ANSWERING PHONES AND PROVIDE FREE PREGNANCY TEST KITS)

PROVIDE TRANSPORTATION FOR MOMS IN THE HOME _____

SIDEWALK COUNCILING _____

DO YOU HAVE ANY SPECIAL JOB TRAINING YOU CAN TEACH OUR MOM'S _____
(I.E. COMPUTER CLASSES/PARENTING CLASSES)

TELEPHONE CONTACT _____
(FUNDRAISING)

PLEASE INDICATE ANY SPECIAL TRAINING OR SKILLS:

IN CASE OF EMERGENCY NOTIFY:

NAME: _____ RELATIONSHIP: _____

PHONE NUMBER (WITH AREA CODE) _____

HIS NESTING PLACE VOLUNTEER INFORMATION

WAIVER OF LIABILITY
HIS NESTING PLACE

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____

In consideration of the opportunity afforded me to volunteer or reside at His Nesting Place, a home for unwed mothers, and in light of the community service provided by His Nesting Place, I hereby waive any right or cause of action arising as a result of my participation volunteering or residing at His Nesting Place from any liability which may or could occur against His Nesting Place or it's Officers or Directors collectively or individually. Without limiting the generality of the forgoing, I agree that his waiver shall include any rights or caused of action resulting from personal injury to me or damage to my personal property sustained in connection with my activities from volunteering or residing at His Nesting Place.

SIGNATURE _____

DATE _____