



Volunteer Application

Date: _____

Please Print.

Name: _____ Phone: (_____) _____

Email: _____ Gender: ___ M ___ F

Address: _____ City: _____ Postal Code: _____

References: *Please do not list family members.*

Name: _____ Phone: (_____) _____

Name: _____ Phone: (_____) _____

Church you are presently attending: _____ N/A: _____

How did you hear about volunteering at Harvest House Atlantic? _____

Are you bilingual? _____ Y _____ N

In which areas would you like to volunteer?

_____ Kitchen Help/Cook _____ Greeter _____ Teach a Life Skills Class _____ Mentor

_____ Hairdresser _____ General Cleaning _____ Administration _____ Driver

_____ Fundraising Events _____ Canteen Worker _____ Clothing Room _____ Skilled Trade

_____ Other: _____

Volunteer Experience: _____

List your skills, talents, interests, and experiences that may benefit Harvest House in fulfilling its mission:

Email or drop this form by our office and we will contact you to set up your volunteer opportunities.

reception@hhatlantic.org // 108 High Street (Mon-Fri, 9am-4pm)