

# sheffield place

EST. 1991

EMPOWERING FAMILIES

## Volunteer Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Cellphone: \_\_\_\_\_ Email: \_\_\_\_\_

Availability:  Daily  
 Weekly (M, T, W, Th, F – circle preference)  
 Other – Please specify \_\_\_\_\_

Time of Day:  Morning  Afternoon  Evening

Tell us how you would like to help Sheffield Place or select an area of interest below:

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- Children's Clinical Services/group aide – Help Project HOPE staff implement group activities for children
- Office assistance – copying, data entry, and general office responsibilities
- Fundraising – assist with special events to raise funds for Sheffield Place
- Community Ambassador – host a home party to inform friends about Sheffield Place
- Workplace volunteer – encourage fellow employees to support Sheffield Place events

Do you have previous volunteer experience? If yes, please describe the volunteer activity or position, the organization, and the dates you volunteered:

| Volunteer Experience | Organization | Dates |
|----------------------|--------------|-------|
|----------------------|--------------|-------|

|                      |              |       |
|----------------------|--------------|-------|
| Volunteer Experience | Organization | Dates |
|----------------------|--------------|-------|

Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Special Skills: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Questions? Please call 816.483.9927 x113 or [dhanzlick@sheffieldplace.org](mailto:dhanzlick@sheffieldplace.org)