



Margie's Haven House, Inc.

PO Box 954

Heber Springs, AR 72543

Phone: 501.362.6757

Fax 501.362.7370

Email: margieshavenhouse@gmail.com

Website: www.margieshavenhouse.org

VOLUNTEER APPLICATION

Name: _____

Mailing Address: _____

Phone: (Cell) _____ (Home) _____

(email) _____

Educational Background: _____

Special Skills/Training: _____

Volunteer Experience: _____

Other information you would like to share:

Areas of Interest: Office/Reception _____ Maintenance _____ Client Interaction _____

Client Transportation _____ Mentoring _____ Fundraising _____ Other _____

Note: Volunteers may be monitoring the office phone & service calls during regular shift hours.

Applicants expressing interest in fundraising events will be forwarded to the Board of Directors.

Please list two (2) references: Name, Phone Number and relationship.

1. _____

2. _____

Signature of Applicant

Date

Please complete and return to: Margie's Haven House, P.O. Box 954, Heber Springs, AR 72543

or email this to margieshavenhouse@gmail.com

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Office Use Only:

Date Received:

Initial Contact Date:

Follow Up:

Staff Signature

Date of Follow Up