



www.thephiliphousemission.org

The Philip House Mission Volunteer Application

Contact Information: _____
Name: _____
Street Address: _____
City ST ZIP Code: _____
Home Phone: _____
Work Phone: _____
E-Mail Address: _____

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings
- Weekend mornings
- Weekday afternoons
- Weekend afternoons
- Weekday evenings
- Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

- Administration
- Events/Fundraising
- Field work
- Deliveries/Pick-ups
- Phone bank
- Newsletter production
- Volunteer coordination
- Construction/Skilled and/or Unskilled Labor
- Bible Study
- Cook/Manager



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Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name: _____
Street Address: _____
City ST ZIP Code: _____
Home Phone: _____
Work Phone: _____
E-Mail Address: _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed): _____

Signature: _____

Date: _____

Our Policy - It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us.



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The Philip House Mission
AUDIO/PHOTO/VIDEO MEDIA RELEASE FORM

I grant permission to The Philip House Mission (TPHM) and its agents or employees to use photographs and/or video and audio taken of me. These images may be used in educational and documentary materials such as Public Service Announcements, Grant Applications, Video Documentaries and both printed and online newsletters.

Furthermore, I authorize the use of my image, likeness, and voice for all program promotion, materials, and any other purposes in connection with the program deemed appropriate and necessary by TPHM.

I hereby agree to release, defend, and hold harmless TPHM and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper, via electronic media, or on Web sites, from any claim, damages, or liability arising from or related to the use of the photographs/video, including but not limited to any misuse, distortion, blurring, alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction, or production of the finished product, its publication, or distribution.

Name (printed): _____

Signature: _____

Date: _____