

Individual Volunteer Application

Individual N	lame (print):					
	Address:					
		(Street)	(City)	(State)	(Zip)	
E-ma	nil:					
Daytime Phor						
Cell Phor	ne:					
Emergency Contact						
Emergency Conta Phone Number						
1) Would you	like an on-going, sho	rt-term, or one-ti	me assignment?			
On-goi	ng	Short-term		One-time		
2) What is the	reason you want to	volunteer?				
, -	e a skill or area of e	•	_	e; graphic design, carpentry, gard	ening,	
	re a particular area y					
Serve a	a Meal	Prepare & Deliver a Meal Coordinate a Collection Prepare & Deliver Dessert All Day Service Project				
	5) Do you have a particular date and time in mind? Please indicate the day, date and time you are available, and which area you prefer.					
_	St. Elizabeth House -	118 Main St. Hartí	ord Other Projec	t (seasonal, weather per	rmitting)	
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday	On Sundays – Cooking & \$	Serving for Residents is a	n option			

Return to: Mercy Housing and Shelter, Attn: Ginger Vendrillo, Development Office, 211 Wethersfield Ave., Hartford 06114 P: 860-808-2055; Email: gvendrillo@mercyhousingct.org.

		N/A			
6)	Would you like a tour prior to volunteering?				
	Yes No				
7)	*Where are you employed?				
8)	Are there other opportunities for you, and perhaps your employer, to partner with Mercy Housing and Shelter?				
	Volunteer on Committee Grant Funding Oppor	ortunity Gala Sponsorship			
	Mercy is continually researching new sources of funding for our programs. Many companies require at employees volunteer with an organization in order to be eligible to apply for funding. By aring with us your employer's name, you are helping us in our application process for future grant nding opportunities.				

Before volunteering, all participants must sign the Volunteer Procedures form.

Effective: August 2018