 Volunteer Application

1. First and Last Name:
2. Phone Number(s):

M)

H)

1. Email Address:
2. Home Address:
3. Emergency Contact

Name:

Phone:

1. Do you speak Spanish?
2. Any other languages?
3. How did you hear about Deep Well?
4. Please describe any applicable skills or volunteer experience you have.
5. Do you volunteer at any other local non-profits? If yes, please list which ones.
6. What interests you in volunteering at Deep Well?
7. What is your availability? (Check all that apply)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| AM (9-1) |  |  |  |  |  |
| PM (1-5) |  |  |  |  |  |

1. Please select the areas that you would like to volunteer with.
* Office Worker
* Food Pantry
* Livable Housing (Home Repairs)
* Translator
* On Call
* One-Time
* Holidays
* Wellspring Mentor
1. What can Deep Well do to ensure it is a meaningful volunteer experience for you?
2. If you are interested in volunteering at Deep Well, please complete and return this form to:

Hilton Head Island Deep Well Project

|  |  |
| --- | --- |
| Physical Address:80 Capital DriveHilton Head Island, SC 29926 | Mailing Address:P.O. Box 5543Hilton Head Island, SC 29938 |

Lori Alexander, Volunteer Coordinator

E) Volunteer@deepwellproject.org

W) 843-785-2849

Fax) 843-785-4214