



## Volunteer Application Form

Thank you for your interest in supporting the Hartford Health Initiative (HHI) and its mission to improve health outcomes for residents of the Northend of Hartford. If you agree with our mission and are willing to assist us, we encourage you to complete this volunteer application. The information on this form will be kept confidential and not shared with anyone outside of our organization.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_  Mobile  Home

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

Describe any special talents or skills you feel would benefit our organization:

\_\_\_\_\_  
\_\_\_\_\_

Please indicate days available: Mon Tues Wed Thurs Fri Sat Sun

Times typically available: From \_\_\_\_\_ to \_\_\_\_\_

Please describe any physical limitations: \_\_\_\_\_

In case of emergency contact: Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_  Mobile  Home

As a volunteer of the Hartford Health Initiative I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

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