



Volunteer Application

Individual, Entity or Corporation Name:

Address:

Street

City

State

Zip

Contact Person (for groups):

Name

Title

Phone

Email Address

Date(s) and Time(s) requested: _____

Approximate Number of Volunteers: _____

Check the volunteer activities you are interested in:

- | | | |
|--|---|--|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Meal Preparation | <input type="checkbox"/> House cleaning |
| <input type="checkbox"/> House tours | <input type="checkbox"/> Assisting Staff | <input type="checkbox"/> Special Events/projects |
| <input type="checkbox"/> Gardening/yard work | | <input type="checkbox"/> Visiting with guests |
| <input type="checkbox"/> Clerical/computer work | | <input type="checkbox"/> General Maintenance |
| <input type="checkbox"/> Other (please describe) | | |

Note: All volunteers will need to sign a statement of confidentiality that reads: If accepted as a volunteer at the Atlanta Hospitality House, I pledge to hold in strict confidence all personal and official matters which come to my attention. It is my responsibility to respect and preserve the privacy of the guests as well as details involved.

Date submitted: _____

EMAIL COMPLETED FORM TO VOLUNTEERS@ATLHHH.ORG, FAX TO 404.900.9173 OR
MAIL TO: Volunteer Coordinator, Atlanta, Hospital Hospitality House, 1815 S. Ponce de Leon Ave.
NE, Atlanta, GA 30307. For questions, contact us at 404.377.6333.

**THANK YOU FOR PROVIDING SUPPORT AND
COMPANIONSHIP FOR OUR GUESTS!**