

NORA'S HOME VOLUNTEER APPLICATION

8300 El Rio St. Houston, TX 77054
(832) 831-3720 | info@norashome.org

VOLUNTEER INFORMATION

Title: Mr. ___ Mrs. ___ Ms. ___ Miss ___ Dr. ___ Other: _____ Individual Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ Cell: _____ Email: _____

Are you (and the members of your group) at least 16 years old? ___ Yes ___ No*

**If no, please note any volunteers age 10-15 must be accompanied by an adult. No children under the age of 10 are permitted on the premises of the home but can volunteer in other ways. Contact the Volunteer Coordinator for more information. See next page for group info.*

How did you hear about Nora's Home? _____

Please tell us briefly why you/your group would like to volunteer at Nora's Home:

Various volunteer opportunities are available. Please select the area(s) below in which you would be interested in serving.

- | | | |
|---|---|--|
| <input type="checkbox"/> Chef of the Day | <input type="checkbox"/> Housework | <input type="checkbox"/> Sunflower Sacks |
| <input type="checkbox"/> Game Night/Craft Night | <input type="checkbox"/> Pantry Drive | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Special Events | |

Have an idea of how you can help with any unique talents or interests of your own? Write them here! We would love to expand upon our service to the guests of Nora's Home.

Interested in: ___ A one-time project ___ An ongoing program

Volunteer Availability (check all that apply):

- | | |
|---------------|--------------|
| ___ Monday | ___ Friday |
| ___ Tuesday | ___ Saturday |
| ___ Wednesday | ___ Sunday |
| ___ Thursday | |

**Group information available on the next page*

EMERGENCY INFORMATION

Please list an emergency contact.

Contact Person: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

I certify that all information provided in this application is true and correct to the best of my knowledge

Signature: _____ Date: _____



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GROUP LEADER INFORMATION

Please list group member names in the next section.

Contact Person: _____ Phone: _____

Approximate Number of Volunteer Participants: _____ Organization Name: _____

Mark the box that best describes your organization/group:

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Church/Religious | <input type="checkbox"/> Hospital/Clinic | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> School | <input type="checkbox"/> Nonprofit | |
| <input type="checkbox"/> Company | <input type="checkbox"/> Community Volunteer(s) | |

ADDITIONAL INFORMATION

Title: Mr. ___ Mrs. ___ Ms. ___ Miss ___ Dr. ___ Other: _____ Individual Name: _____

Mailing Address: _____ City: _____ State: ___ Zip: _____

Work Phone: _____ Cell: _____ Email: _____

Are you at least 16 years old? ___ Yes ___ No*

**If No and 10 or older, list the name of the Adult Chaperone: _____*

Title: Mr. ___ Mrs. ___ Ms. ___ Miss ___ Dr. ___ Other: _____ Individual Name: _____

Mailing Address: _____ City: _____ State: ___ Zip: _____

Work Phone: _____ Cell: _____ Email: _____

Are you at least 16 years old? ___ Yes ___ No*

**If No and 10 or older, list the name of the Adult Chaperone: _____*

Title: Mr. ___ Mrs. ___ Ms. ___ Miss ___ Dr. ___ Other: _____ Individual Name: _____

Mailing Address: _____ City: _____ State: ___ Zip: _____

Work Phone: _____ Cell: _____ Email: _____

Are you at least 16 years old? ___ Yes ___ No*

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Title: Mr. ___ Mrs. ___ Ms. ___ Miss ___ Dr. ___ Other: _____ Individual Name: _____

Mailing Address: _____ City: _____ State: ___ Zip: _____

Work Phone: _____ Cell: _____ Email: _____

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Title: Mr. ___ Mrs. ___ Ms. ___ Miss ___ Dr. ___ Other: _____ Individual Name: _____

Mailing Address: _____ City: _____ State: ___ Zip: _____

Work Phone: _____ Cell: _____ Email: _____

Are you at least 16 years old? ___ Yes ___ No*

**If No and 10 or older, list the name of the Adult Chaperone: _____*

