



## Student Volunteer Application

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

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

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

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ School and grade: \_\_\_\_\_

How did you hear about Home of the Sparrow? \_\_\_\_\_

**Please number the top 5 or 6 activities that interest you as a volunteer.**

### **ADMINISTRATIVE AND FUNDRAISING**

\_\_\_\_\_ Computer Support: Design signs and do graphic projects

\_\_\_\_\_ Secretarial and Office Help: File, copy, organize

\_\_\_\_\_ Bulk Mailing: Help stuff, seal and stamp envelopes

\_\_\_\_\_ Special Events: Help set up, serve and clean up after some of our events, including Jazz at Brushwood in mid June and the 5K Run and 1 Mile Fun Run in September

\_\_\_\_\_ Research: Research on the internet or by phone

\_\_\_\_\_ Now and Again: Staff an informational booth, help at a holiday bookwrap stand, and pitch in when needed

### **DIRECT CONTACT WITH RESIDENTS**

\_\_\_\_\_ Childcare Provider: Babysit for children

\_\_\_\_\_ Buddy: Spend an hour or two each week with a boy or girl in our program who would like to share one-on-one time with a teenager

\_\_\_\_\_ Tutor: Teach in subject area or computer skills

### **SUPPORT ACTIVITIES**

\_\_\_\_\_ Girl Scout or Boy Scout project: Circle one: Bronze Silver Gold Life Eagle

\_\_\_\_\_ Green Thumb Gardener: Water and weed at one of our transitional houses

\_\_\_\_\_ Organizer: Help shelve and organize donations

*Continued on opposite side*

\_\_\_\_\_ Mover: Help move donated furniture to home or storage area

\_\_\_\_\_ Work Day Star: Help paint, repair, do yard work on an occasional basis

\_\_\_\_\_ Utility Infielder: Help wherever needed

**EXPERIENCE:** What volunteer or work experiences have you had that could relate to volunteering? \_\_\_\_\_

**SKILLS AND TALENTS:** List any additional skills, hobbies or talents you would like to use as a volunteer \_\_\_\_\_

**AVAILABILITY:** How many hours per week or month would you like to volunteer? \_\_\_\_\_  
Are you available: \_\_\_\_\_ Days \_\_\_\_\_ Evenings \_\_\_\_\_ Weekends

**SIGNATURE:** \_\_\_\_\_

**PARENT'S SIGNATURE:** \_\_\_\_\_

**REFERENCES:** Please ask two school teachers, counselors or other adults who know you to fill out the student evaluation form and return it to us. Provide them with an envelope addressed to Ginny Parry at the address below. For child care volunteering, please ask one person whom you've sat for and one school official to fill out the evaluation form and mail it to Ginny Parry. Be sure to give them an envelope with the address on it.

Please email this form to [vparry@homeofthesparrow.org](mailto:vparry@homeofthesparrow.org) or mail it to:

**Ginny Parry, Director of Volunteer Services**  
**Home of the Sparrow**  
**969 E. Swedesford Road**  
**Exton, PA 19341**

**Questions: Call 610-647-4940**

**Thank you for your interest in volunteering!**

*Home of the Sparrow provides housing and social services to help homeless and low-income women and children become independent and self sufficient.*