



Volunteer Application

Contact Information

Name	
Street Address	
City, State, Zip	
Preferred Phone	
Email Address	

Availability

Geographic Preference:

Lynchburg	Amherst	Appomattox	Bedford	Campbell

Special Considerations: _____

Availability: (Please Indicate Days and Times)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Preferences for Volunteering

Please check any areas below that are of interest to you:

- _____ Admissions Line
- _____ Administrative Support
- _____ Event Planning
- _____ Fundraising
- _____ Transportation for Consumers
- _____ Community Outings with Consumers
- _____ Direct Activities with Consumers (Wellness Activities, Arts and Crafts)

Indicate Preference of the population you would prefer to volunteer with (if applicable):

Children _____ Adults _____



Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

What interests you in volunteering with Horizon Behavioral Health? Summarize your previous volunteer experience.

Previous Convictions

Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?

Yes: _____ No: _____

If yes, please list all such convictions and explain:

You will be required to complete a Background Check prior to volunteering with our agency



Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of Horizon Behavioral Health to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Instructions

Please print, sign, and email this Volunteer Application form to Volunteers@HorizonBH.org