



PROJECT HOME INDY
healthy options for mom & baby

Project Home Indy
Volunteer Inquiry

Date: _____

Name: _____ DOB: _____

Address: _____

Best Phone Number to reach you: _____

Email Address: _____

Personal Reference's Name and contact information:

What interests you about volunteering with Project Home Indy?

What activities are you interested in volunteering for?

What is your availability? List the best days and times for you to volunteer:

If applicable, please list previous volunteer participation, including tasks and dates of service:

Signature of Prospective Volunteer: _____ Date: _____

* Please note: ALL volunteers must have a criminal background check, CPS background check, and be fingerprinted. Staff will assist you in completing these tasks.

