

Support
Housing
Community



SHC

Super Hero Corps Application

For Groups

*The **Super Hero Corps** is the SHC's esteemed family of volunteers*

Contact Information

Contact Full Name:		
School/Company/Group Name:		
Street Address:		
City:	State:	ZIP:
Group Main Phone:	<i>May we call you there and leave a message?</i> B Yes B No	
Contact Cell Phone:	<i>May we call you there and leave a message?</i> B Yes B No	
Contact email address:		

Group members

How many people are in your group?

How many are under 18?

Does anyone in your group have... (please check all that apply)

<input type="checkbox"/>	A felony record	<input type="checkbox"/>	A medical issue that prevents their handling food
<input type="checkbox"/>	A medical issue that prevents physical exertion	<input type="checkbox"/>	A personal issue that prevents interaction with clients

If you are volunteering a part of a class, volunteer clearinghouse, or some other program, please name the program and your supervisor/professor:

(over →)

How would you like to help? (please check any that apply)

<input type="checkbox"/>	Food drive	<input type="checkbox"/>	Serving meals
<input type="checkbox"/>	Event assistance	<input type="checkbox"/>	Assisting at the Family Shelter*

Other:

Availability

Are you seeking: (please check one)

B A one-time volunteer experience

B A regularly scheduled volunteer experience

Please note the hours you expect your group to be available for volunteering during the week:

Sundays	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays

Please note your time preferences, if any:

Hour limit/requirement:

Day limit/requirement:

How did you hear about the SHC?

Specific dates or days you hope to volunteer:

Is there anything else you would like to mention?

Thanks for applying! An SHC representative will contact you shortly.

* If you would like to volunteer for our Family Shelter, please contact Horizons for Homeless Children at nlarsen@horizonsforhomelesschildren.org or (800) 560-7702.