

**Hilton Head Island Safe Harbour, Inc.**

P.O. Box 5337, Hilton Head Island, SC 29938

Phone: 843-671-SAFE (7233)

Email: [hhisafeharbour@gmail.com](mailto:hhisafeharbour@gmail.com) Website: [www.hhisafeharbour.org](http://www.hhisafeharbour.org)

***Volunteer Application***

Thanks for your interest in HHI Safe Harbour!

Please complete the following questions and mail application to the above address.

Name \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Phone

Home \_\_\_\_\_

Cell \_\_\_\_\_

Do you check your email every day? \_\_\_\_\_ If not how often? \_\_\_\_\_

When is the best time to call you? \_\_\_\_\_ Is it OK to call you on your mobile? \_\_\_\_\_

What interests you about working with older or compromised individuals?

\_\_\_\_\_

Do you have any experience with caregiving? (Specify)

\_\_\_\_\_

Which of the following would you be willing to do?

Drive a member locally \_\_\_\_\_ Daytime \_\_\_\_\_ After dark \_\_\_\_\_

Light household chores \_\_\_\_\_ Make daily check-in phone calls \_\_\_\_\_

Run errands \_\_\_\_\_ Light yard work \_\_\_\_\_

Visit a member \_\_\_\_\_ Shop with or for a member \_\_\_\_\_

Basic handyman/home maintenance work \_\_\_\_\_

Other

(Specify) \_\_\_\_\_

These are examples only. Individual members may have other similar requests.

Would you prefer to volunteer for activities that do not involve direct contact with members (e.g. periodic mailings, planning special events, fundraising activities, grant writing)?

Specify. \_\_\_\_\_

Do you have any special skills that might be useful to our members (e.g., computer/technical expertise)?

Specify. \_\_\_\_\_

Are you a full time resident of SC? YES \_\_\_\_\_ NO \_\_\_\_\_

If no, when are you away \_\_\_\_\_

Please indicate with a check mark the times that you will usually be available to volunteer.

Sun. Mon. Tues. Wed. Thurs. Fri.  
Sat.

Morning							
Afternoon							
Evening							

Explain other times and special conditions. (Use the back of this page.)

Would you be interest in attending some workshops/seminars in topics such as

1) eyesight problems- yes \_\_\_ no \_\_\_

2)Memory problems-yes\_\_\_ no\_\_\_

3) musculo-skeletal diseases and mobility issues such arthritis, CP, Parkinson's Disease- yes \_\_\_ no \_\_\_

4)Adult onset diabetes –yes\_\_\_ no\_\_\_

List any questions or topics that you feel would be beneficial to discuss at workshops or seminars \_\_\_\_\_

Do you own an automobile? YES \_\_\_\_\_ NO \_\_\_\_\_ If **yes**, specify the make, model, and year.

Limits of your automobile liability insurance? \_\_\_\_\_

Have you been found guilty of any driving violation(s) within the past 3 years? YES \_\_\_\_\_ NO \_\_\_\_\_ If **yes**, please explain on the back of this page.

Since Hilton Head Island Safe Harbour is a 501(c)(3) non-profit organization, would you be willing to donate the cost of your background check (\$8.00)? YES \_\_\_\_\_ NO \_\_\_\_\_

If **yes**, make check payable to Hilton Head Island Safe Harbour, Inc.

For the safety and security of our volunteers, members, and board of directors, we must have a background check conducted on each volunteer and each board member. This is necessary

also for insurance purposes. This check will be conducted by the South Carolina Law Enforcement Division (SLED). For this, your Social Security number is optional; your driver license number is necessary and proof of auto insurance. We will shred this information after we send it to SLED. **Please provide the following:** Legal Name (Please print)

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Birthdate (mo./day/yr.) \_\_\_\_\_ Social Security  
(Opt.) \_\_\_\_\_

Driver License Number and State of  
Issue \_\_\_\_\_

Attach copies of your drivers' license/automobile insurance-( can present them at the volunteer interview also)