



Providing charitable child-care services in the hospital to families with children who have a chronic, terminal or long-term illness.

1501 South Loop 288, Suite 104 * PMB 153 * Denton, Texas 76205 * Phone: 469-226-0505 * Fax: (940) 293-4226
www.ahhfi.org

Volunteer Application

Contact Information

Name _____

Street Address _____

City, ST, ZIP Code _____

Home Phone _____

Cell Phone _____

E-Mail Address _____

Availability

During which hours are you available for volunteer assignments? _____

Weekday mornings Weekly _____

Weekday afternoons Monthly _____

Weekday evenings As needed _____

Interests

Tell us in which areas you are interested in volunteering (Please Check):

- Administration (Database entry, filing, copying, addressing letters, etc.)
- Events (upcoming Golf Tournament, other fundraising events)
- Fundraising (Help on committees)
- Deliveries (as needed)
- Volunteer coordination

Group Inquiries:

Name of Group _____

Leader's Name _____

Street Address _____

City ST ZIP Code _____

Home Phone _____

Cell Phone _____

E-Mail Address _____

Number of people in the group _____

Average age of volunteers _____

Are you looking for on-going or one time volunteer opportunities? _____

Would you be interested in Organizing a Fundraiser Drive for AHHFI?

Gift Card Drive (Walmart, Target, Gas, Visa Gift Cards, Restaurant Cards.)

Make gift bags and have children decorate and fill with crayons, coloring books, small travel games, etc (no stuffed animals). *all items must be new* **GIFT BAGS FOR PARENTS-** detergent (any brand), fabric softer sheets, 2 visa gift cards \$10.00 each, shampoo & conditioner (any brand) & Body wash (any brand).

Make pictures or cards for the children

Organize a fundraiser on behalf of Alexandra's Helping Hands Foundation Inc. (Pizza Inn, Bake Sale, Lemonade Stand, Penny Wars, Silent Auction, Bowling, Toy Drive etc.)

Other Details:

Person to Notify in Case of Emergency

Name _____

Street Address _____

City ST ZIP Code _____

Home Phone _____

Cell Phone _____

E-Mail Address _____

Please return your completed application to: sharon@ahhfi.org Mail: AHHFI 1501 South Loop 288, Suite 104, PMB 153 Denton, Texas. Fax to 940-808-0711.

Thank you for completing this application form and for your interest in volunteering with us. We will get back with you soon. Thanks.

FYI : Please be advised that a background check may be required.

PHOTO RELEASE

I hereby give my permission for Alexandra's Helping Hands Foundation Inc. (AHHFI) to use photographs, audio tapes, videotape, etc of me and my child(ren) in publications, slides, videotapes, motion pictures, or on the Internet.

I understand these images will be used for the purpose of educating families, the media, donors, and the general public of the benefit of Alexandra's Helping Hands Foundation Inc.

Child's Name _____

Parent/Guardian Signature _____ Date: _____

Phone: _____

Address: _____
