



208 West Campbell St.  
 PO Box 5174  
 Frankfort, KY 40602-5174  
 Phone: 502-223-2138  
 Fax: 502-223-9808  
 Web Site: simonhouseonline.org

## Volunteer Interest Form

The Simon House is a nonprofit 501(c)3 organization that provides a transitional living facility for homeless adult women who are pregnant or have children. It is the selfless dedication of our volunteers that make the Simon House a success.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company/Business: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

**I am interested in helping at the Simon House by participating in the following volunteer activities (please check all that apply).**

- Office work – clerical, computer, reception
- Repairs and maintenance – carpentry, plumbing, electrical
- Sorting and transporting donated items – organizing and retrieving donations and transporting to Goodwill
- Clothing and food pantry – organizing supplies and filling supply needs
- Transporting clients – doctors, dentists, job interviews, shopping, etc.
- Child care – while mothers attend classes, tutoring, counseling, etc.
- Special occasions – birthday parties, baby showers, graduations, celebrating success, family outings, etc.
- Tutoring/teaching – adults and children education, art, music, dance
- Cooking – Simon House kitchen or special events and family outings
- Fundraising events – solicitation of donations and event planning
- Writing – grant writing, public relations material design and distribution
- Other (specify) \_\_\_\_\_

### Scheduling

I would like to volunteer at the Simon House \_\_\_\_\_ hours per week OR \_\_\_\_\_ hours per month.

I am available:

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Mornings   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Afternoons |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Evenings   |
| <input type="checkbox"/> Thursday  |                                     |
| <input type="checkbox"/> Friday    |                                     |
| <input type="checkbox"/> Saturday  |                                     |
| <input type="checkbox"/> Sunday    |                                     |

Volunteer Contacted by: \_\_\_\_\_ Date: \_\_\_\_\_