



Harmony, Hope & Healing Volunteer Application

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email _____

Please briefly describe work and other volunteer experience below:

Why do you want to volunteer for Harmony, Hope & Healing?

What special skills, expertise or interests do you bring to HHH?

Print, complete and send this application to:

**Harmony, Hope & Healing
P.O. Box 557834
Chicago, IL 60655**

You may also call 773-294-0267 for more information or to arrange a volunteer interview.