



## VOLUNTEER APPLICATION

PLEASE PRINT

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

Name:

\_\_\_\_\_

(Last)

(First)

(Middle)

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

Contact Info: (Home phone) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail: \_\_\_\_\_ Best contact (circle one): Home/Cell/E-mail

Date of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_

Job Title and Duties: \_\_\_\_\_

\_\_\_\_\_



Why do you want to volunteer for HOPE Coalition?

\_\_\_\_\_

\_\_\_\_\_

Where are you most interested in volunteering (rank in order of preference, if desired)?

Haven of Hope Shelter \_\_\_\_\_ Sexual Assault Services \_\_\_\_\_ Kids Count \_\_\_\_\_

Housing/Homeless Advocacy \_\_\_\_\_ Administrative \_\_\_\_\_ Other \_\_\_\_\_ (please specify)

Have you volunteered in the past? If yes, where, and what did you do?

\_\_\_\_\_

\_\_\_\_\_

What relevant experience, hobbies, skills do you have or that you'd most like to share?

\_\_\_\_\_

\_\_\_\_\_

**Please describe any experience you have working with people from diverse backgrounds, cultures, and economic groups.** \_\_\_\_\_  
\_\_\_\_\_

**What days are you available?** \_\_\_\_\_ **Hours per day/week?** \_\_\_\_\_

**Are you available to volunteer: Weekly** \_\_\_\_\_ **Monthly** \_\_\_\_\_ **Seasonally** \_\_\_\_\_

**Please specify:** \_\_\_\_\_



**Would you like to work with children?** Yes \_\_\_\_\_ No \_\_\_\_\_ **If so, what age groups?** \_\_\_\_\_

**What type(s) of activities with children interest you?** \_\_\_\_\_



**Please list two references from employment, volunteer work, internships, etc.**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone & Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

**Emergency contact information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician's Name and Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Please list the following about the vehicle(s) that you may drive to HOPE Coalition:**

Year            Make            Model            Color            License Plate Number            State

1) \_\_\_\_\_

2) \_\_\_\_\_