Dear Volunteer Candidate,

Thank you for your interest in volunteering with HopeWorks of Howard County! HopeWorks’ Volunteer Program is supportive of the organization’s two-pronged mission: providing support and advocacy for people in Howard County affected by sexual and intimate partner violence and developing the community engagement necessary for primary prevention. The purpose of our volunteer program, at its heart, is to build capacity – a process that involves developing and strengthening the skills, instincts, abilities, processes, and resources that individuals, organizations and communities need to thrive; building the leadership of our volunteers is central to this work.

Typically, we process volunteer applications twice a year; from July 1 to August 15 **AND** February 15 to March 31. Please note that we have a high need for Childcare Volunteers and are currently accepting applications for that position on a rolling basis.

Our volunteer application process begins by completing the attached Volunteer Application Packet which includes:

* The Volunteer Application Form
* Three Reference Forms (professional and/or personal references. Non-family members please)
* Background Check Form for applicants age 18+ (be sure to include seven years of address history)

Individuals who clear these procedures will be approved to join our volunteer team pending the successful completion of required trainings.

The Step 1 Training is conducted over the course of a weekend in the months of March and September and is required of all volunteers. Please refer to the Volunteer Opportunities Flier for the details on additional trainings for each position.

Our fax number is (410) 997-1397. If you have any questions, please contact me at (410) 997-0304.

Sincerely,

Vanita Leatherwood, M.A., TLA

Director of Community Engagement



Teen Volunteering

**Childcare Volunteers:**

Childcare Volunteers help provide much-needed on-site childcare for our clients. Volunteers can play games, read stories, and create art while supervising children during parent counseling sessions or engagement events. Volunteers are needed during the day and evenings, Monday-Friday and occasionally on the weekends. *Must be at least 16 years of age. Must complete the Step 1 Training and the Childcare Volunteer Training. Supplemental interview processes with the Community Engagement Department may apply.*

**Special Event Volunteers:**

Special Event Volunteers assist with set-up for workshops or trainings, manage the registration table at the Candlelight Vigil, Dragonfly the Poetry Reading, or other

special events. Special Event Volunteers also help with organizing holiday projects and assisting with fundraisers. *Must complete the Step 1 Training and the Community Engagement Training.*

**OTHER ENGAGEMENT OPPORTUNITIES**

**Community Service Projects:**

**On occasion we work with teens that are looking to complete community service hours or other special projects such as attaining their Boy Scout eagle Award or the Girl Scout Silver Award. Must be at least 14 years of age and have parental consent.**

**HopeWorks Youth Leadership Project:**

**Join the HopeWorks Youth Leadership Project, a service-learning program that promotes healthy relationships and peaceable living. Youth Leaders are trained to be change agents, working for social justice and educating their peers about personal and community safety. Participants meet monthly to explore violence prevention topics such as media literacy, healthy masculinity, bystander intervention, positive body image, cultural relativity, and safe use of technology. Must be at least 13 years of age and have parental consent. Must complete the Youth Leadership application. For additional information and to download an application visit wearehopeworks.org/ylp or call (410) 997-0304.**

***All volunteer candidates must complete a volunteer application form, pass a background check, and attend the appropriate HopeWorks trainings as required per position. To receive an application please email us at volunteers@wearehopeworks.org or visit wearehopeworks.org to download a copy.***

**9770 Patuxent Woods Drive**

**Suite 300**

**Columbia MD 21046**

**p 410 997 0304**

**f 410 997 1397**

**wearehopeworks.org**

**HopeWorks Teen Volunteer Application**

**Date Name Birthdate**

\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

**Mailing Address**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **City State Zip Email**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Telephone Cell Work**

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**Emergency Contact Name Relationship Phone Number**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of School Grade**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Teen Volunteer Opportunities Desired**

I am interested in the following volunteer opportunities: (You may check more than one)

🞏 Childcare Volunteer 🞏 Special Event Volunteer

***OFFICE USE ONLY***

Date Application Received: \_\_\_\_\_\_ Completed Confidentiality Form: \_\_\_\_\_\_

 Completed Boundary Form: \_\_\_\_\_\_

References Received: □ 1\_\_\_\_\_\_ □ 2\_\_\_\_\_\_ □ 3\_\_\_\_\_\_

Date of Teen Step I Training: \_\_\_\_\_\_\_\_\_\_

**HopeWorks Teen Volunteer Application**

1. How did you hear about HopeWorks?

2. Why do you want to volunteer at HopeWorks?

3. Do you have any past volunteer experience?

4. What experience/training do you have related to the type of volunteer opportunities you selected above?

5. Some volunteer opportunities at HopeWorks involve dealing with serious subject matter pertaining to people experiencing crisis. What kind of training or life experience has prepared you to handle these types of potentially uncomfortable or upsetting topics?

6. Have you or anyone in your family received services from our agency? Please note services received and last date of service.

7. Do you have any interests or special skills you would like to offer to the HopeWorks?

8. Do you have a reliable means of transportation to and from your volunteer opportunity?

 🞏 Yes 🞏 No

9. Are you currently employed? If yes, where? 🞏 Yes 🞏 No

10. Do you speak, write, and/or understand a language(s) other than English? 🞏 Yes 🞏 No

 What language(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please read carefully, initial each paragraph, and sign below. Thank you.**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my initial chances for volunteering, and the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure a volunteer position shall be grounds for rejection of this application or for immediate discharge if I have been selected to volunteer, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize HopeWorks to thoroughly investigate my references, work record, education, criminal record, and other matters related to my suitability for a volunteer position. I further authorize the references I have listed to disclose to HopeWorks any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release HopeWorks, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application or conveyed during any training sessions or other volunteer experiences at HopeWorks is intended to create a volunteer contract between HopeWorks and myself. In addition, I understand and agree that if I am accepted as a volunteer, my volunteer tenure is for no definite or determinable period of time and may be terminated at any time, with or without prior notice, at the option of either myself or HopeWorks, and that no promises or representations contrary to the foregoing are binding on me or HopeWorks unless made in writing and signed by myself and a HopeWorks designated representative.

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Applicant’s Signature**

**\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Parent/Guardian Signature (Applicants under 18 years of age)**

**TEEN VOLUNTEER REFERENCE CHECK FORM**

*Applicant:* Please submit this form after it has been completed by your reference.

*Reference:* The following applicant is interested in becoming a volunteer at HopeWorks. Thank you, in advance, for your honesty about the qualifications of this prospective volunteer.

Volunteer Applicant Name Volunteer Position of Interest

Name of Reference Phone Number

1. How long and in what manner have you known this prospective volunteer?
2. Describe the applicant’s rapport with people in general.
3. How does applicant handle or cope in stressful situations?
4. What do you consider this applicant’s primary positive skills and/or traits?
5. How comfortable would you be having the applicant work for you on a confidential project?
6. On a scale of 1-10 (10 is highest) how would you rate applicant’s:
	1. Level of responsibility
	2. Level of commitment to obligations
7. Can we contact you with questions?

Please return this form to:

Community Engagement Department

HopeWorks

9770 Patuxent Woods Drive, Ste 300

Columbia, MD 21046

Phone: 410-997-0304 ext. 7743; Fax: 410-997-1397

volunteers@wearehopeworks.org

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*Applicant:* Please submit this form after it has been completed by your reference.

*Reference:* The following applicant is interested in becoming a volunteer at HopeWorks. Thank you, in advance, for your honesty about the qualifications of this prospective volunteer.

Volunteer Applicant Name Volunteer Position of Interest

Name of Reference Phone Number

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