



DATE:

PERSONAL INFORMATION

Full Name: _____

Nickname: _____ Email: _____

Date of Birth: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

EMERGENCY CONTACT INFORMATION

Full Name: _____

Relationship: _____

Phone: _____

ADDRESS

Current Address: _____

The City: _____ Current State: _____

Zip Code: _____ County: _____

VOLUNTEER POSITION DESIRED

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

Childcare:

Engagement:

Legal Services:

Our Earth:

Office Volunteer:

Pantry:

FOR OFFICE USE

Received Donation Reference 1 Reference 2

Confidentiality Boundary Background



Please respond to the questions below.

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?

5. Some volunteer opportunities at HopeWorks involve dealing with victims in crisis. What type of crisis intervention training or experience have you had?

6. Have you or anyone you know had a personal experience with domestic violence, dating violence and/or sexual violence? If yes, please explain.

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

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

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

10. Are you currently employed? If yes, where? Y N

11. Do you speak, write, and/or understand a language(s) other than English? Y N

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)