



Dear Volunteer Candidate,

Thank you for your interest in volunteering with HopeWorks of Howard County! HopeWorks' Volunteer Program is supportive of our 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.

We are currently accepting applications to become a HopeWorks' Volunteer! Our volunteer application process begins by completing the Volunteer Application Packet, which includes:

- The Volunteer Application Form
- Two Reference Forms, one professional and one personal (non-family members please)
- Background Check Form for applicants age 18+ (include seven years of address history)

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

Required Training

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. To this end, we provide training and self-care opportunities throughout your volunteer career at HopeWorks.

The first required training is the HopeWorks' Step 1 Volunteer Training. The training is an educational and interactive session that explores the systemic causes of sexual

and intimate partner violence. Following the successful completion of Step 1 you will be invited to attend the Volunteer Orientation Session.

Volunteer Positions

There are several different ways to volunteer with us. Please refer to the Volunteer Opportunities Flier for a description of each position. Note that we have a high need for Childcare Volunteers. If you have any questions, please contact me at (410) 997-0304 x7731.

Sincerely,

Kate Kurlychek
Volunteer & Special Events Coordinator



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.

PAGE 2

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)

Please return this form to: HopeWorks (CED)

9770 Patuxent Woods Drive, Suite 300

Columbia, MD 21046

Phone: 410-997-0304

volunteers@hopeworksofhc.org



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's Name _____

Volunteer Position of Interest _____

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:

a) Level of responsibility

b) Level of commitment to obligations

7. Can we contact you with questions? _____

(Please include your name, email address and phone number.)

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