



VOLUNTEER APPLICATION

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|--|----------------|---------|
| DATE: | | |
| NAME: | | |
| HOME ADDRESS: | | |
| CITY | STATE | ZIPCODE |
| PHONE: | FAX: | |
| PERSONAL EMAIL: | | |
| GENDER: | DATE OF BIRTH: | |
| VOLUNTEER POSITION SOUGHT: | | |
| HIGHEST LEVEL OF EDUCATION: | | |
| CURRENT EMPLOYER, IF APPLICABLE: | | |
| POSITION: | | |
| DATES OF EMPLOYMENT: | | |
| ADDRESS: | | |
| Would you like us to keep your employer abreast of your volunteer service and achievement? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| Special training, skills, hobbies: | | |

Groups, clubs, organizational memberships:

Please describe your prior volunteer experience (include organization names and dates of service):

What experiences have you had that may prepare you to work as a volunteer helping women transition back into the community?

Why do you want to volunteer and what do you want to gain from this volunteer experience?

Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] Conviction of a crime is not an automatic disqualification for volunteer work.

Do you have a driver's license? YES NO

Do you have car insurance? YES NO

Do you have a car available for transporting others? YES NO

Please list three people who know you well and can attest to your character, skills, and dependability. Include your current or last employer.

| Name/Organization | Relationship to you | Length of relationship | Phone number |
|-------------------|---------------------|------------------------|--------------|
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Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Hope's Crossing that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Hope's Crossing. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Hope's Crossing or my termination as a volunteer.

Signature _____ **Date** _____