



H.O.P.E. Volunteer Application

SECTION I

Date _____

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ E-mail: _____

SECTION II

Previous Volunteer Experience _____

Occupation (Past occupation if retired): _____

Other information that will help us make a good match (such as education, general interests/hobbies) _____

Languages Spoken: _____

SECTION III

Availability and Volunteer Assignment Preferences

Please Check All That Are Applicable:

- I Am Available [] Mornings (Mon-Fri) [] Afternoons (Mon-Fri) [] Evenings (Mon-Fri)
[] Weekends [] Once A Week [] More Than Once A Week
[] One Time Only [] As Needed [] OTHER

I Could Serve More Than One Person: [] Yes [] No

SECTION IV

Insurance company and policy number are required for H.O.P.E. Volunteer Drivers.

Do You Have A Valid (State) Driver's License? [] Yes [] No

License Number: _____ Vehicle License Plate Number _____

Insurance Company: _____ Policy #: _____

Have You Ever Been Convicted For Violation Of Any Laws, Traffic Or Otherwise? [] Yes [] No

If Yes, Please Explain: _____

Do You Have Any Physical Condition that May Limit Your Activities? [] Yes [] No

If Yes, Describe: _____

Who To Notify In Case Of An Emergency? _____

Telephone Number: _____

SECTION V [References]

For Volunteers Using a Professional License

Please list three persons we may call who are NOT family, one of whom may be your religious or spiritual leader, teacher, employer or relationship other than personal friend.

Name _____ Phone _____

Address _____

Relationship _____

Name _____ Phone _____

Address _____

Relationship _____

Name _____ Phone _____

Address _____

Relationship _____

Comments:

ALL Volunteers: I hereby give permission to conduct a background check. I have read and understand H.O.P.E.'s guidelines, dress code, and expectations.

For Volunteers Using a Professional License: I hereby give my consent to contact my references; to contact my employers, past and present; check license registry and or licensing board.

Signature Of Applicant

Date

Office Use Only: Employee Initials: _____ Date: _____

Notes: