

# 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: