

# HOPE HOUSE VOLUNTEER APPLICATION

Please type or print.

Name \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Work Phone \_\_\_\_\_ Social Security No. \_\_\_\_\_

May we call you at work? Yes No

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Educational Background \_\_\_\_\_

Community Affiliations, Clubs \_\_\_\_\_

Previous Volunteer Experience \_\_\_\_\_

Skills, Special Interests \_\_\_\_\_

In case of emergency, please contact: (name, address, and phone number.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. (Physician) \_\_\_\_\_

Personal References, not relatives: ***(Please do not give a phone number. We do not call references.)***

1. \_\_\_\_\_  
Name Address City State Zip

2. \_\_\_\_\_  
Name Address City State Zip

**I authorize Hope House to contact the above individuals for a character reference.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Are you interested in volunteer work that involves direct interaction with our clients or their children? (Direct service volunteers are required to complete an 8-hour training session.)

Yes

No

Maybe

Please describe your volunteer interest in more detail: \_\_\_\_\_

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Approximately how many hours per week or month are you interested in volunteering?

\_\_\_\_\_ per week

or

\_\_\_\_\_ per month

When are you available? (Circle all that apply.)

Weekdays

Weekday evenings

Weekends

How did you hear about us? \_\_\_\_\_

Are you interested in assisting with special events? This is a sporadic need and does not require volunteer training.

Yes

No

Are you interested in clerical work? The need is continuous, but does not require volunteer training.

Yes

No

**I ATTEST THAT THE ABOVE INFORMATION IS CORRECT AND ACCURATE.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE: A CRIMINAL RECORDS CHECK IS ROUTINELY PROCESSED WITH ALL VOLUNTEERS AS THEY COMPLETE OUR VOLUNTEER TRAINING PROGRAM.**

Please mail completed form to:

**Communications Manager  
Hope House, Inc.  
P.O. Box 520409  
Independence, MO 64052-0409**