



Long Term Volunteer Application

Personal Data

Legal First Name:	Nickname	M.I.	Legal Last Name	Date:
E-mail:			Primary Phone:	
Street Address:		City:	State:	Zip:
Emergency Contact:		Relationship:	Emergency Phone:	

How did you hear about volunteering opportunities at HOPE? _____

Have you volunteered with HOPE in the past? Yes No

Are you at least 18 years of age? Yes No

If not, can you obtain written permission from your parent/guardian to volunteer? Yes No

Do you give permission for LINC to use images captured during LINC activities through video, photo and digital camera for promotional materials and waive your right for compensation or ownership thereto? Yes No

Current Volunteer Opportunities (Please check all areas of interest)

Administrative Volunteer

Availability (Indicate all available hours)

	Mon	Tues	Wed	Thur	Fri	Sat	Sun
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							

At which location(s) do you wish to volunteer? _____

Are you available to volunteer regularly each week? Yes No

How many hours per week do you wish to volunteer? _____

Education (Check and indicate highest level completed)

High School: 9 10 11 12 Voc./Tech School:

College: Some AA BA/BS MA/MS PhD

What school or university do you attend or did you graduate? _____

What majors or areas of focus did you study? _____

Employment (Check all that apply)

Part Time Full Time Temporary Position
Self Employed Unemployed / Retired

Most Recent Employer:	Street Address:
Job Title:	City/State/Zip:
Supervisor:	Phone:
Your duties at this job?	

May we contact your employer ? Yes No

References (Provide three we may contact - at least two should *not* be relatives)

Name:	Phone Number	Relationship
1		

2		
3		

Additional Information

Can you read, speak, or write any languages other than English? Yes No

Which languages? _____

Level of fluency: Some Moderate Fluent

Describe previous experiences that might contribute to your success as a volunteer?

List any special skills or qualities you have that will apply to the volunteer opportunity?

Why are you interested in volunteering with HOPE Corporation?

Background

Have you ever been convicted of a felony or been required to register as a sex offender?
 Yes No

If yes, please explain:

I confirm that the above information is correct. I authorize HOPE to investigate all statements contained in this application for the purpose of considering me for a volunteer opportunity. I am offering my services on a volunteer basis and I understand that HOPE can terminate the volunteer relationship at any time. I give permission to HOPE to conduct a background check of my driving and criminal record.

Volunteer Signature

Date Signed