

Volunteer Application

For Volunteers Only

Part I

Date: _____

PERSONAL INFORMATION:

Name: _____

Address: _____

City, State Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthday: (Month/Date/Year) _____

Parish/Church/Group Name (if applicable): _____

Email Address: _____

Have you ever been convicted of a felony? ____ Yes ____ No

If yes, please explain:

EMERGENCY INFORMATION:

Please provide an emergency contact:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Part II

MEDICAL HISTORY

Do you have any physical limitations that Hope Station should be aware of? If yes, what are they?

EMPLOYEMENT

Are you currently employed? ____ Yes ____ No.

If yes, where? _____

SPECIAL SKILLS

Do you have a current forklift license? _____ Yes _____ No

Computer skills: _____ Yes _____ No. If yes, what software: _____

Other: _____

AVAILABILITY

Please circle the day(s) that you are able to volunteer:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Time(s) available (please circle): Morning Afternoon Evening Other _____

REVERENCES:

Please list two references:

Name: _____ Phone: _____

Name: _____ Phone: _____

ADDITIONAL INFORMATION

Why are you interested in volunteering for Hope Station?

What skills do you have that you feel might be of value to Hope Station?

We appreciate your willingness to help us. In what ways can we show you that? (Ex. thank you card, letter, etc.)

Print Name

Date

Signature