



VOLUNTEER APPLICATION

Hope Collaborative encourages the participation of volunteers who support our mission. If you agree with our Mission and are willing to be interviewed and trained in our procedures, we invite you to complete this application. The information on this application will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

Thank you for your interest in Hope Place.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employer: _____ Position: _____

Any special talents or skills you have that you feel would benefit our organization?

How did you hear about us? _____

Interests: Please tell us which areas you are interested in volunteering:

- Administration Transportation Communication Youth Mentoring Special Events
- Adult/Family Mentoring Citizenship Tutoring Neighborhood Engagement Food Service
- After-school Activities Summer Activities Interpreting/Translating ESL Tutoring/Teaching
- Childcare

Please indicate days available:

Mon Tues Wed Thurs Fri Sat Times available: From _____ to _____

Any physical limitations? _____

Emergency contact: _____ Phone: _____

As a volunteer of our organization, I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis, and I am not eligible to receive any monetary payment or reward.

Signature: _____ Date: _____