

**Hope House Foundation
VOLUNTEER INTEREST FORM**

APPLICANT INFORMATION

Name: _____

Current Address _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Mobile Phone: _____ Email: _____

Best time to contact you: Morning Afternoon Evening Specific Time: _____

Yes No Are you at least 18 years of age? *Date of Birth:* _____

Yes No Do you have any conditions and/or physical limitations that would prohibit or limit you from performing your volunteer duties or responsibilities? If so, please describe: _____

OPPORTUNITY INFORMATION

What volunteer opportunity would you be interested in? _____

What length of time are you most comfortable with? Long-Term Volunteering Short-Term/One-time Volunteering

Please tell us the skills that you have and/or are willing to offer Hope House Foundation:

<input type="checkbox"/> Accounting/Bookkeeping	<input type="checkbox"/> Administrative/Office	<input type="checkbox"/> Board Development	<input type="checkbox"/> Business Development	<input type="checkbox"/> Caretaking
<input type="checkbox"/> Companion/Visiting	<input type="checkbox"/> Computer Technology	<input type="checkbox"/> Crafts/Hobbies	<input type="checkbox"/> Crisis Intervention	<input type="checkbox"/> Data Entry
<input type="checkbox"/> Disaster Prep/Relief	<input type="checkbox"/> Donation Pick-Up	<input type="checkbox"/> Donation Sorter	<input type="checkbox"/> Education/Training	<input type="checkbox"/> Food Prep/Serving
<input type="checkbox"/> Fine/Performing Arts	<input type="checkbox"/> Health/Medical	<input type="checkbox"/> Maintenance/Yard Work	<input type="checkbox"/> Mentoring	<input type="checkbox"/> Public Relations
<input type="checkbox"/> Recreational Sports	<input type="checkbox"/> Retail	<input type="checkbox"/> Skilled Trades	<input type="checkbox"/> Special Events	<input type="checkbox"/> Transportation

Other skilled/professional knowledge: _____

What do you hope to gain, and what do you hope to contribute by volunteering with Hope House Foundation?

ADDITIONAL INFORMATION

We would love to know about you! Please use the space below to tell us about yourself.

THANK YOU FOR YOUR INTEREST! WE WILL BE CONTACTING YOU SOON!

Upon completion, please return this application to:

Hope House Foundation
Attn: Donovan Willetto
801 Boush Street, Suite 302
P: 757-625-6161 ext. 508
F: 757-625-7775
dwilleto@hope-house.org