

Hope House Foundation VOLUNTEER APPLICATION

APPLICANT INFORMATION

| | | |
|--|---------------|---------------|
| Name: | | |
| Current Address | | |
| City: | State: | ZIP Code: |
| Home Phone: | Mobile Phone: | Email: |
| How did you hear about volunteer opportunities at Hope House? | | |
| <input type="checkbox"/> Website <input type="checkbox"/> Flier <input type="checkbox"/> Volunteer Hampton Roads <input type="checkbox"/> Employer (Who do you work for? _____) | | |
| <input type="checkbox"/> Hope House Employee (Who? _____) <input type="checkbox"/> Other: _____ | | |
| Primary Emergency Contact: | | Relationship: |
| Address: | | Phone: |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Are you at least 18 years of age? <i>Date of Birth:</i> _____ | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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 are you interested in? | <input type="checkbox"/> HHF Thrift Shop | <input type="checkbox"/> Events | <input type="checkbox"/> Other: _____ |
| Have you volunteered with Hope House Foundation before? If so, when? _____ | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What days of the week will you be available? | <input type="checkbox"/> Mon. | <input type="checkbox"/> Tues. | <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. |
| What time of day are you available? | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening/Night |
| Please explain why you are interested in volunteering with Hope House Foundation: | | | |
| _____ _____ _____ | | | |
| What do you hope to gain, and what do you hope to contribute by volunteering with Hope House Foundation? | | | |
| _____ _____ _____ | | | |

EXPERIENCE

Please list all paid and volunteer experience in order of most recent position

| | | |
|---------------|-----------------------|---|
| Title: | Dates: _____ to _____ | <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time |
| Employer: | Supervisor: | Phone: |
| Duties: _____ | | |
| _____ | | |
| Title: | Dates: _____ to _____ | <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time |
| Employer: | Supervisor: | Phone: |
| Duties: _____ | | |
| _____ | | |

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

REFERENCES

Please three professional references:

| NAME | JOB TITLE/RELATIONSHIP | PHONE NUMBER |
|------|------------------------|--------------|
| | | |
| | | |
| | | |

CERTIFICATION

I certify that all entries on all pages are true and complete, and I agree and understand that falsification of information regardless of time of discovery may cause forfeiture on my part to any opportunity, volunteer or not, in the service of Hope House Foundation. I understand that all information on this application is subject to verification, and I consent to references and former employers listed being contacted regarding this application. I further authorize Hope House Foundation to rely upon and use as sees fit any information received in such contacts.

Signature: _____

Date: _____

Upon completion, please return this application to:

Hope House Foundation
Attn: Service Enterprise Coordinator
801 Boush Street, Suite 302
P: 757-625-6160 ext. 508
F: 757-625-7775
dev@hope-house.org