



HOPE House Volunteer Application Form

Applicant Information

Name _____

Address _____ City _____ Postal Code _____

Home Phone (____) _____ Work/Other (____) _____

Email: _____

Currently Working: YES NO **Today's Date:**

Availability: Start Time & End Time

Monday	Tuesday	Wednesday	Thursday	Friday

Areas of Interest (Please check all that apply)

<input type="checkbox"/> Food Market	<input type="checkbox"/> Assisting Clients	<input type="checkbox"/> Picking up Food	<input type="checkbox"/> Admin Support	<input type="checkbox"/> Childrens Program
<input type="checkbox"/> Fundraising Events	<input type="checkbox"/> Clothing Market	<input type="checkbox"/> Moving Lrg Items	<input type="checkbox"/> Computer Work	<input type="checkbox"/> Community Bkfst
<input type="checkbox"/> Reception Desk	<input type="checkbox"/> Sorting Shelves	<input type="checkbox"/> Edu-Kitchen	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Café
<input type="checkbox"/> Cleaning	<input type="checkbox"/> Food Purchasing	<input type="checkbox"/> Fresh Food Harvest	<input type="checkbox"/> Fresh Food Prep	<input type="checkbox"/> Special Projects

Confidentiality

Volunteering at HOPE House requires you to be confidential about the information you hear, see, read and learn. All clients are given this right; we have a Confidentiality Agreement that must be signed on a yearly basis. We also require all volunteers to get a local police check before volunteering with us.

Read through, sign and date your confidentiality agreement. Please initial that you have signed the Confidentiality Agreement & will obtain your police report (no cost, if applicable)

Specific Skills & Connection to HOPE House (required)

What Specific Skills do you have that you can contribute to HOPE House?

How did you hear about HOPE House?

I'm a client
I used to be a client

I saw HOPE House online
In the newspaper

Other (expand):

Emergency Contact

Name _____

Phone # _____ Relationship: _____

Notes: Anything specific that you may want us to know (Limitations, Health Concerns)

Please include the limitations of your physical or mental health concerns. *Example: Cannot work with loud noises*

We want to ensure you are safe and comfortable where you are volunteering.

Vehicle

Some of the activities for HOPE House volunteering require picking up or dropping off food.

Would you be willing to use your vehicle to pick up & drop off food, supplies, events material? YES NO

What type of vehicle do you drive?

Car Van Truck SUV

Office Use Only

Start Date		End Date		
Area		Regular Date		
Confidentiality Signed		Police Check Approved		
Interview Completed by		Date		

Signature