# Volunteer Application



|  |
| --- |
| Contact Information (Please Circle communication type below) |
|  |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Phone(s) Home/Cell |  |
| E-Mail Address |  |
| List any physical or medical limitations |  |

## Please circle desired method of communication: email text home phone cell phone

|  |
| --- |
| Availability |
| When are you available for volunteer assignments? (Check all that apply) |
|  |
| Weekday mornings  | Tuesday(s) \_\_\_ Friday(s) |
| Weekday afternoons | Wednesday(s) \_\_\_ As Needed |
| Monday(s) | Thursday(s) |
|  |  |

|  |
| --- |
| Interests |
| **Tell us in which areas you are interested in volunteering** |
|  |
| **Property Maintenance Office/Clerical*** Barn/Stables \_\_Reception
* Gardening \_\_Answer Phones
* Yard Work \_\_Mail Outs
* Cut/Bale Hay/Tractor Work \_\_Copying
* Swimming Pool

**Ministry/Family Hands-On Activities w/Children*** Outreach \_\_Summer Camps
* Bible/Book Study \_\_Horse Handling
* Prayer \_\_Tutoring/Mentoring
* Parties/Special Events
 |
|  |
|

|  |
| --- |
| Special Skills or Qualifications  |
| Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. |
|  |
|  |

 |
|

|  |
| --- |
| Previous Volunteer Experience  |
| Summarize your previous volunteer experience. |
|  |
|  |

 |
|

|  |
| --- |
| Person to Notify in Case of Emergency |
|  |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Phone |  |
| E-Mail Address |  |
|  |  |

 |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| Agreement and Signature |
| By submitting this application, I affirm that I have received a HOPE Landing Volunteer Manual, HIPPA Information, and have signed my confidentiality statement.  |
|  |
| Name (printed) |  |
| Signature |  |
| Date |  |

|  |
| --- |
| Our Policy |
| It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, age, or disability.I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize HOPE Landing, Inc. to receive information from any law-enforcement agency, of this state or any other state or federal government, to the extent permitted by state(s) and federal law, pertaining to any convictions for crimes committed involving children.I understand that such access is for the purpose of considering my application as a volunteer, and that I expressly DO NOT authorize HOPE Landing, Inc., employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, consent to and authorize the use and reproduction by HOPE Landing, Inc. of any and all photographs and any other audio-visual material taken of me for promotional material, education, activities, exhibitions, or for any other use for the benefit of the programs and services at HOPE Landing, Inc.Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I understand that I will not be participating with clients during therapy sessions.Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Thank you for completing this application form and for your interest in volunteering!* |
|  |