# Volunteer Application

logo placeholder

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| 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

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| Availability | |
| When are you available for volunteer assignments? (Check all that apply) | |
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| Weekday mornings | Tuesday(s) \_\_\_ Friday(s) |
| Weekday afternoons | Wednesday(s) \_\_\_ As Needed |
| Monday(s) | Thursday(s) |
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| Interests |
| **Tell us in which areas you are interested in volunteering** |
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| **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 |
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| |  | | --- | | 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 |  | |  |  | |
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| 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. | |
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| Name (printed) |  |
| Signature |  |
| Date |  |

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| 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!* |
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