

## The Hope Center Volunteer Application

Name		Date		
	First	MI		
□Mr. □Ms. □Mrs. □Miss □Dr.	□Pastor □Othe	rNickname	9	
Address				
_ State		_ Zip Code		
Phone Numbers (with area code) _				
	Home	Cell	Work	
Email (that you check regularly	/)			
Date of Birth				
lome Church		Pastor		
Present Employment Status: Employer		•		
Emergency Contact				
Name		Phone	Relationship	
Please list any limitations relat	ed to health			
How long do you anticipate vo □ One event/project □ 6 mor	•	•	IOW	

Which types of tasks do you have an interest in ?

<ul> <li>Office work</li> </ul>	<ul> <li>Gardening</li> </ul>	Cooking, Serving
<ul> <li>Serving Others</li> </ul>	P Youth, Kids	□ Other:
<ul> <li>Janitorial, maintenance</li> </ul>	Where needed	

On which days and times would you likely be available to volunteer?

Mon.
 Tues.
 Wed.
 Thurs.
 Fri.
 Sat.
 Mornings
 Afternoons
 Evenings
 (over)

Have you Volunteered for other organizations? • Yes • No Please name the organizations and describe your experiences:

What special skills, knowledge, abilities, and/or experiences do you possess that are relevant to the type of volunteer work in which you are interested?

Educational experience (including specialized training)

Please give two ministries and/or personal adult references who have known you for at least three years. (they must be at least 18 years old and not related to you.)

Name	Phone	Relationship
Name	Phone	Relationship

Have you ever been charged with or convicted of the following:

- A. Felony? Yes No
- B. Any crime involving a sexual offense, an assault of the use of a weapon? Yes No

C. Any crime involving the use, possession, or the furnishing of drugs?  $\Box$  Yes  $\Box$  No

If you answered Yes to any of the above three items, please explain:

Due to the nature of the ministry and services being provided at The Hope Center, a background check may be required as a condition of placement into a volunteer position.

Are you willing to submit to a background check and fingerprinting? \_\_\_\_\_\_ Have you been an Ohio resident for at least 5 years?

I understand that this is an application for, and not a commitment or promise of a volunteer opportunity.

I understand that information will be considered confidential to the fullest extent allowed by law.

I understand that the information contained on my application will be verified by The Hope Center. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with The Hope Center or my termination as a volunteer.