



# Threshold to Hope

Providing hope and healing through art

4 Kimberly Ct.  
Danvers, IL 61732

## Volunteer Application Form

*(Must be 18 years of age or over)*

Volunteer interest? Please call Nora Zaring (309) 340-4326 or email [info@thresholdtohope.org](mailto:info@thresholdtohope.org).  
If mailing application, send to 4 Kimberly Ct. Danvers, IL 61732

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street City State Zip

Home PH: \_\_\_\_\_ Business PH: \_\_\_\_\_ Cell PH: \_\_\_\_\_

Email Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Email Information: We keep volunteers informed of important news, schedules and volunteer opportunities by email, however, we will not send any email you prefer not to receive.

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Are you volunteering with a group?  Yes  No Group Name: \_\_\_\_\_

Are you a student?  Yes  No Where? \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Have you been convicted of a crime in the last five years?  Yes  No  
If yes, explain

\_\_\_\_\_

Education/Background: \_\_\_\_\_

List any languages you are fluent in other than English: \_\_\_\_\_

Availability: Please indicate the days/times you are usually available to volunteer.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Afternoon	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Evening	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

How did you hear about volunteer opportunities at Threshold to Hope?

Friend [ ] Radio/TV [ ] Current Donor [ ] Social Media [ ] Church [ ]

Other: \_\_\_\_\_

Contact in case of emergency:

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Name	Relationship	Phone
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#### AFFIDAVIT OF CONFIDENTIALITY

Threshold to Hope, Inc. (TTH) is a 501(c)3 non-profit with the purpose of bringing hope and healing through the arts. As such, we desire to guard the confidentiality of our participants. Therefore, please do not discuss the private information you may hear with others outside of Threshold to Hope. I understand the requirements for confidentiality and agree to abide by them. I further understand that a violation of confidentiality requirements could result in termination of my involvement with TTH.

#### MEDIA AGREEMENT

Volunteers give TTH the right to use any images of any TTH activities in which they participate in for both internal and external promotion and communication reasons.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_