

200 W. Monroe St.

Bloomington, IL. 61701

Email to: info@thresholdtohope.org

**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.

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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Relationship Phone

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_