



House of Renewed Hope Volunteer Application Form

Please complete and return this form to hrenewedhope@gmail.com

How did you hear about HRH? ☐ Website ☐ Social Media ☐ Family/Friend ☐ Other: _____

Personal Information:

Last Name, First Name, Middle Initial:	Date of Birth:
Address (Include City, State, & Zip):	Mobile Number:
Email Address:	Hobbies:

Emergency Contact Information:

Emergency Contact Name & Phone Number	Emergency Contact Name & Phone Number
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Personal/Professional References:

Name & Phone Number	Name & Phone Number
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What type of assistance would you like to provide to help this organization?

- | | | | | |
|---|------------------------------------|---|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Marketing | <input type="checkbox"/> Event Organization | <input type="checkbox"/> Speaking | <input type="checkbox"/> Research |
| <input type="checkbox"/> Read Cases | <input type="checkbox"/> Legal | <input type="checkbox"/> Podcast Recordings | <input type="checkbox"/> Photography | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Social Media | | | | |



How often would you like to volunteer? _____

Have you had any criminal convictions within the last 7 years? ☐ Yes (please explain below) ☐ No

Are you willing to complete a background check if asked? ☐ Yes ☐ No

Confidentiality:

I hereby agree, while serving as a volunteer for House of Renewed Hope ("HRH"), that I will represent HRH in my actions and deeds. I will hold confidential, all communications, observations and information made by, between or about clients. This includes all client services, recordings, cases, administrative records, computer records, including all logs/records resulting from telephone conversations, or any other work product of staff or volunteers related to clients. I hereby agree that I am bound by this confidentiality agreement upon leaving my services as a volunteer for HRH and there ever after.

Photo Release:

I authorize HRH to photograph, videotape, or otherwise use my name and likeness in picture(s), video, or other media as part of documenting an event or workday. I irrevocably relinquish and give to HRH all right, title, and interest that I may have in the finished pictures, negatives, reproductions, film, tape, and copies of the original films, video, prints, and negatives, and further grant HRH the right to give, sell, transfer, and exhibit the negative, original print, film, video, and copies of facsimiles thereof, for advertising and or promotional purpose, to any individual, business firm, or publication, or to any of their assignees.

I have read and understand the above and acknowledge that by dating this form, I am waiving certain legal rights in the event of injury. I accept and agree to the terms contained above.

_____ (add initials).

Volunteer's Signature

Date