

Volunteer Application

Shelter of Hope, Inc.
2944 Winchester Avenue
Ashland, KY 41101
(606) 324-6700



Date: _____

Contact Information

Name	Date of Birth _____
Street Address	SS # _____ -- _____ -- _____
City, State, Zip Code	
Home Phone	()
E-Mail Address	
Are you a registered Sex Offender?	Due to the nature of our agency, Shelter of Hope cannot accept those on the sex offender registry.
Yes No	
Are you required to do community service?	K-Tap Court Ordered Drug Court Transitions Ready-to-Work
Yes No	If Other, please explain:
How many hours do you need to complete?	_____HRS Weekly Monthly On-Going One-Time

Availability

During which days & hours are you available for volunteer assignments?

	8:00	9:00	10:00	11:00	12:00	1:00	2:00	3:00	4:00	5:00
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										

Interests

Please check all the areas that you are interested in volunteering:

- | | |
|--|---|
| <input type="checkbox"/> Pantry Worker | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Building/Ground Maintenance | |
| <input type="checkbox"/> Donation Pickup | |
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Event Assistance |

*Social Security number is only used to verify your identity through background checks