

Volunteer Application

**Becoming a Volunteer Partner**

Once you have expressed interest in volunteering with us you will need to fill out a volunteer application. Once submitted and reviewed, our Volunteer Coordinator, Mindy Wise will reach out to you to set up an appointment to discuss your volunteer opportunities.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer Information**  
  
Have you been a client of the shelter? \_\_\_\_\_\_\_ If you have been a client, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 MM/YY to MM/YY  
  
Please list any past volunteer roles you have had and for what organization you volunteered:

How did you hear about volunteer opportunities with His Hope Ministries? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why are you interested in volunteering with His Hope Ministries?

**Availability**

Where would you like to volunteer? (Check all that apply)

\_\_\_\_Shelter

\_\_\_\_Resource Center

\_\_\_\_Senior Haven

\_\_\_\_In the Community Resource Center (Greensboro/Federalsburg)

\_\_\_\_ The Spot (Youth Drop-in Center)

**Hours available:** Please put the specific hours that you are available. We ask, if possible, to pick a time you can consistently volunteer.

Shelter: (Monday-Friday 5-9, Saturday/Sunday: 9:30-3:30 or 3:30-9:30)

I am available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resource Center: (Monday-Friday 9-5)

I am available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Senior Haven(Monday-Friday 9-12)

I am available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Greensboro (Thursdays 10-4)/Federalsburg (Wednesdays 10-4)

I am available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Spot ( Monday 4pm- 8pm)

I am available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am willing to do:

\_\_\_Shelter volunteer \_\_\_Bible Study

\_\_\_Assisting clients with job/housing searches \_\_\_ Clerical

\_\_\_Fundraising/ Events \_\_\_Cleaning/Light housekeeping

\_\_\_Publicity and Marketing \_\_\_Landscaping/Grounds

\_\_\_Socialize \_\_\_Unaccompanied Youth Program

\_\_\_Educating/Teaching

\_\_\_Run errands/shopping

\_\_\_Lead crafts/activities for children

Valid Driver’s License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Copy Received: \_\_\_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (H): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Three Personal References:**

Name **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Title/ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any health reasons that might limit your ability to Volunteer, or any accommodations you may need? Yes No

If yes, please explain:

**Interests:** *Specify the area where you are most interested in helping:*

**Special Skills/ Certifications:**

**Legal/ Lifestyle Concerns:**

Are you using illegal drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever gone through treatment for alcohol or drug use? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes please describe:

Have you ever been arrested and/or convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes please describe:

Have you ever been arrested and/or convicted of any form of child abuse? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes please describe:

Are you volunteering to fulfill Community Service requirements? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes please describe.

**Applicant’s Statement**

The information contained in this application is correct to the best of my knowledge. I understand that my references will be checked, as well as my background and the Maryland Sex Offenders Registry. Before I can volunteer I will need to complete an Orientation and sign a Confidentiality Agreement.

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_