

*Fullife* Hope Center  
**CONTACT INFORMATION**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Email \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City/State \_\_\_\_\_ Work Phone \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Referred to Fullife Hope Center by \_\_\_\_\_  
DOB \_\_\_\_\_ SS# \_\_\_\_\_

**VOLUNTEER INTERESTS**

\_\_\_ Advertising/Marketing      \_\_\_ Counseling/Mentoring      \_\_\_ Fundraising  
\_\_\_ Employment Development      \_\_\_ Website/Social Media      \_\_\_ Grant Writing  
\_\_\_ Data Entry/Statistics      \_\_\_ Community Presentations \_\_\_  
\_\_\_ General Coverage at FHC      \_\_\_ Researching Community Resources \_\_\_  
\_\_\_ Computer Maintenance      \_\_\_ Teaching Classes for Clients  
\_\_\_ Soliciting Donations (food, bicycles)      \_\_\_ Handyman Services  
Other \_\_\_\_\_

**ABOUT YOU**

Work Experience \_\_\_\_\_  
Education and/or Training \_\_\_\_\_  
Hobbies \_\_\_\_\_

The following questions will not eliminate you as a volunteer but will  
help us know in what capacity you can best serve.

Have you worked with this population before? \_\_\_\_\_  
Do you have a criminal history? \_\_\_\_\_  
Are there mental health issues we should know about? \_\_\_\_\_  
Is there additional Information that would be helpful to the Day Center staff? (medical  
needs, allergies, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THANK YOU SO MUCH FOR YOUR INTEREST IN VOLUNTEERING AT DAY CENTER  
**Fullife Hope Center P.O. Box 12241, Rock Hill, SC 29732**

# Fullife Hope Center

## VOLUNTEER INTEREST FORM

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

I am interested in volunteering in one or more of the following positions.

- \_\_\_\_ Supervisor (takes responsibility for the smooth operation of the center, supervises scheduled volunteers and other administrative tasks)
- \_\_\_\_ Receptionist (welcomes clients and visitors, answers phones, general tasks)
- \_\_\_\_ Client Assistant (works in concession area, monitors computers, interacts with clients in a positive and encouraging manor)
- \_\_\_\_ Connection Specialist (matches community resources to client needs)
- \_\_\_\_ Data Entry (enters client information daily, updates forms, etc.)
- \_\_\_\_ Driver (drives clients to appointments and other appropriately scheduled transportation in FHC vehicles)

### Life Skills Classes

Volunteers are needed to teach or assist in a variety of classes. Please indicate areas of interest. Circle T for teach and A for assist.

#### Education

- \_\_\_\_ Basic Computer Skills T A
- \_\_\_\_ GED T A
- \_\_\_\_ Time Management T A
- \_\_\_\_ Goal Setting T A
- \_\_\_\_ Critical Thinking T A
- \_\_\_\_ Effective Communication T A

#### Employment

- \_\_\_\_ Resume Writing T A
- \_\_\_\_ Practice Interviews T A

#### Financial

- \_\_\_\_ Budgeting T A
- \_\_\_\_ Credit Repair T A
- \_\_\_\_ Financial Literacy T A

#### Recovery

- \_\_\_\_ Staying Clean and Sober T A
- \_\_\_\_ Relapse Prevention T A

#### Social

- \_\_\_\_ Anger Management T A
- \_\_\_\_ Personal Grooming T A
- \_\_\_\_ Interpersonal Skills T A
- \_\_\_\_ Emotional Literacy
- \_\_\_\_ Personal Accomplishment T A
- \_\_\_\_ Impulse Control T A
- \_\_\_\_ Effective Coping Skills T A
- \_\_\_\_ Domestic Violence T A
- \_\_\_\_ Stress Management T A

#### Personal

- \_\_\_\_ Bible Study
- \_\_\_\_ What Next?
- \_\_\_\_ After Being Homeless or Jobless? T A
- \_\_\_\_ Finding community Resources T A

Please indicate times you are available. Hours could vary according to assignment.

- |                |                   |               |                  |
|----------------|-------------------|---------------|------------------|
| ____ Monday    | 9:00am to 2:00pm  | ____ Thursday | 9:00am to 2:00pm |
| ____ Tuesday   | 9:00am to 2:00pm  | ____ Friday   | 9:00am to 2:00pm |
| ____ Wednesday | 9:00am to 2:00 pm | ____ Other    | _____            |

THANK YOU FOR BEING WILLING TO VOLUNTEER AT FULLIFE HOPE CENTER

### **AUTHORIZTION FOR BACKGROUND CHECK**

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the process.)

I, \_\_\_\_\_, hereby authorize Fullife Hope Center to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Fullife Hope Center will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application will not be processed further.

\_\_\_\_\_  
Name- Printed

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date