



VOLUNTEER INTEREST FORM

Today's Date: _____ Orientation date: _____

I wish to volunteer because: Court Ordered _____ School: _____ Employment: _____ Personal: _____

Name: _____ Birth date: _____ M _____ F _____

Mailing Address: _____ City _____ Zip _____

Phone (Home): _____ (Cell or Other): _____

Emergency Contact: _____ Phone: _____ Relationship _____

E-Mail address: _____

How did you hear about HFS? _____

I am in: Grade school _____ Middle school _____ High school _____ College _____

Employer: _____ Retired: Y N

I belong to (church/club/organization) _____

Do you volunteer now? Yes ___ No ___ If yes, where? _____

Do you have any disability which we need to consider? Yes ___ No ___ If yes,

please explain: _____ Other languages spoken: _____

Volunteer Interests: Please check all that apply, feel free to write in any other areas you wish to help in:

Phone calling ___ Grant Writing ___ Fundraising ___ Public Events ___ Toy Cleaning/ Repair ___ Sewing ___

Knitting ___ Crocheting ___ Marketing ___ Other _____

Interpreter for Christmas Distribution ___ If so, what language(s) _____

Information / Photo Release: Hope for Society Foundation (HFS) at times recognizes our volunteers in print or media. Do you consent to having your name and or photograph released? If there are limitations such as full name, please write those below and on the attached consent form. Do you give permission to HFS for the use of your photo in publicity?

Yes _____ No _____ Exceptions: _____

I also acknowledge that to volunteer, I will complete and submit to a background check. In addition, I agree to release Hope for Society Foundation of all claims to myself or others which may arise because of loss or damages incurred during my volunteer participation. Any personal injury must be reported immediately to a member of the HSF staff.

Signature of Volunteer

Signature of parent or guardian if under age 16