

# 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 HFSF? \_\_\_\_\_

I am in: Grade school \_\_\_\_\_ Middle school \_\_\_\_\_ High school \_\_\_\_\_ College \_\_\_\_\_

Employer: \_\_\_\_\_ Retired: Y  N

I belong to (church/dub/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 \_\_\_ Singing \_\_\_  
 Praise Dance \_\_\_ Play instrument \_\_\_ Marketing \_\_\_ Other \_\_\_\_\_

**T-shirt size:** (XS)\_\_\_ (S)\_\_\_ (M)\_\_\_ (L)\_\_\_ (XL)\_\_\_ (2XL)\_\_\_ (3XL)\_\_\_ (4XL)\_\_\_

**Information / Photo Release: Hope for Society Foundation (HFSF) 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 HFSF 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 if needed. 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 HFSF staff.

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

\_\_\_\_\_  
**Signature of parent or guardian if under age 16**