

**HOPE ALIVE, INC.
VOLUNTEER APPLICATION**

HOPE ALIVE USE ONLY (indicate date and status)
Phone contact: _____
Phone interview: _____
Orientation date: _____
Entered in Sage: _____
Orientation Completed: _____
Staff supervisor assigned: _____

Individual/Group Name: _____

Contact Name for Group: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail address: _____

Best way to contact you: _____

Affiliation (i.e., church membership, community service organization, etc.): _____

When would you like to start? _____

What type of volunteer opportunity are you interested in? (Please check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Women's activities | <input type="checkbox"/> Children's activities | <input type="checkbox"/> Teaching life skills |
| <input type="checkbox"/> Leading Bible study | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Computer instruction |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Recreation/games/sports |
| <input type="checkbox"/> Arts and crafts | <input type="checkbox"/> Child care | <input type="checkbox"/> After-school program |
| <input type="checkbox"/> Summer activities/program | <input type="checkbox"/> Meal planning/preparation | <input type="checkbox"/> Cooking/sewing instruction |
| <input type="checkbox"/> Information technology | <input type="checkbox"/> Outdoor projects/gardening | <input type="checkbox"/> Snow removal/mowing |
| <input type="checkbox"/> Clerical/office support | <input type="checkbox"/> Internship | <input type="checkbox"/> Community service project |
| <input type="checkbox"/> Building/grounds maintenance/repair | <input type="checkbox"/> Vehicle/equipment maintenance/repair | |
| <input type="checkbox"/> Board of Directors and Committee Opportunities (i.e., human resources, program, marketing, fundraising, special events, risk management, finance, property, board development) | | |
| <input type="checkbox"/> Other (please specify): _____ | | |

1. How often are you interested in volunteering? One Time Weekly Monthly

2. When are you available? (i.e., time of day, days of the week, etc.) _____

3. Why did you choose to apply to volunteer with Hope Alive, Inc.? _____

4. How did you hear about Hope Alive? _____

5. How would you like to help? _____

6. Do you have prior volunteer experience? Yes No If yes, please list the organization and your position(s) and date(s) that you volunteered. _____

7. What experience, education, training, qualifications, skills, hobbies, talents and gifts do you feel will contribute to your service to Hope Alive, Inc.? _____

8. If you are a licensed professional, do you want to volunteer in your field? _____ Yes _____ No
(If yes, we will need to have a copy of your current license and you must be in good standing with the issuer.)

9. Do you prefer to work with (circle your preference):

Things

Ideas/concepts

People

10. Please indicate which of the following describes you best:

Behind the scenes person

Out in front, leading the way

Flexible – comfortable in either

11. Would you prefer to volunteer on the premises or away from the facility? _____

Complete questions 12 and 13 if you are applying as an individual volunteer (not as a group).

12. Please list 2 references (not family members) who have direct knowledge of your work and/or volunteer service:

Name: _____

Address: _____

Phone: _____ E-Mail: _____

Relationship: _____

Name: _____

Address: _____

Phone: _____ E-Mail: _____

Relationship: _____

13. Have you ever been convicted of a felony or misdemeanor? _____ Yes _____ No

If yes, please explain and give the date: _____

Additional Comments: _____

FOR ALL APPLICANTS:

Please read and sign below:

I authorize Hope Alive, Inc. to contact the listed references and to verify information provided on this application. I understand that misrepresentation or omission of facts requested is cause for non-placement as a volunteer. If placed as a volunteer, I agree to support the mission and core values of Hope Alive, Inc. and to fulfill the volunteer responsibilities to the best of my abilities.

Signed: _____ Date: _____

Hope Alive, Inc. does not discriminate on the basis of race, color, religion, national origin, age, gender, disability, marital or veteran status, political affiliation, sexual orientation or any other legally protected status.

PLEASE NOTE: Depending on the frequency and type of service, a criminal background check may be required.

Return Completed Application to:
P.O. Box 140, Sabillasville, MD 21780
301-241-4005