



hopecenter
Volunteer Application

NAME _____ DATE _____
Last First MI

Mr. Ms. Mrs. Miss Dr. Pastor Other _____ Preferred Nickname _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____

PHONE NUMBERS (with area code) _____
Home Cell Work

EMAIL (that you check regularly) _____

DATE OF BIRTH _____ MARITAL STATUS _____ If married, spouse's name _____

HOME CHURCH _____ PASTOR _____

PRESENT EMPLOYMENT STATUS: Employed Not working outside the home Retired
Employer _____

EMERGENCY CONTACT _____
Name Phone Relationship to you

Please list any limitations related to health: _____

How long do you anticipate volunteering with The Hope Center?

One event/project 6 months One year Indefinitely Don't know

Which types of tasks do you have an interest in?

Office work Gardening Cooking, Serving
 Serving others Youth, Kids Other _____
 Janitorial, maintenance, security Where Needed

On which days and times would you likely be available to volunteer?

Mon. Tues. Wed. Thurs. Fri. Sat..
 Mornings Afternoons Evenings

Have you volunteered for other organizations? Yes No

Please name the organizations and describe your experiences: _____

(over)

Hope Center Ohio
P.O. Box 555 Marysville, OH 43040
937.303.4209
www.hopecenterohio.org

What special skills, knowledge, abilities, and/or experience do you possess that are relevant to the type of volunteer work in which you are interested? _____

Educational Experience (include specialized training, college, trade school, etc.) _____

Please give two ministry and/or personal adult references who have known you for at least three years. *(They must be at least 18 years old and not related to you.)*

Name	Phone	Address	Relationship
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Name	Phone	Address	Relationship
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Have you ever been charged with or convicted of the following: (please check yes or no)

a) Felony? Yes No

b) Any crime involving a sexual offense, an assault or the use of a weapon? Yes No

c) Any crime involving the use, possession or the furnishing of drugs? Yes No

If you answered Yes to any of the above three items, please explain:

Due to the nature of the ministry and services being provided at the Hope Center, a background check may be required as a condition of placement into a volunteer position.

Are you willing to submit to a background check and fingerprinting? Yes No

Have you been an Ohio resident for at least 5 years? Yes No

I understand that this is an application for, and not a commitment or promise of, volunteer opportunity.

I understand that all information will be considered confidential to the fullest extent allowed by law.

I understand that information contained on my application will be verified by The Hope Center, I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with The Hope Center or my termination as a volunteer.

Signature of Applicant

Date