



Have you Volunteered for other organizations?  Yes  No

Please name the organizations and describe your experiences:

---

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

---

Educational experience (including specialized training) \_\_\_\_\_

---

Please give two ministries 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	Relationship
------	-------	--------------

---

Name	Phone	Relationship
------	-------	--------------

Have you ever been charged with or convicted of the following:

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? \_\_\_\_\_

Have you been an Ohio resident for at least 5 years? \_\_\_\_\_

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

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

I understand that the 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

212 Chestnut St. Marysville, OH 43040

(937)303-4209

Date