



## VOLUNTEER APPLICATION

Full Legal Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E- Mail Address: \_\_\_\_\_

Home Phone ( \_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_ ) \_\_\_\_\_

Date Of Birth \_\_\_\_\_ Language(s) you speak \_\_\_\_\_

**Please indicate your availability:**

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Morning (9AM-12PM)  Afternoon (1PM-4PM)

Ongoing  Limited (Ending Date: \_\_\_\_\_)

**Have you ever been convicted of a felony?**  Yes  No If yes, please state the date and nature of the charge. *Please note that a conviction will not necessarily disqualify you from a volunteer position.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are you volunteering in order to complete a community service requirement?**  Yes  No If yes, how many hours must you complete? \_\_\_\_\_ By what date? \_\_\_\_\_ Please bring all necessary paperwork and have it signed by one of the following authorized persons only: Ronda Scheidt or Joe Polzin.

Minor applicants require parental or guardian consent **and accompaniment** to volunteer. Mission of Hope reserves the right to deny any volunteer applicant for any reason. Please allow 2-3 business days for verification of background before we get back to you.

By submitting this application, I promise that I shall hold in confidence all information regarding clients of Mission of Hope. I will not violate the confidential relationship between the programs, volunteers, staff, and clients. I will not remove from the office any written client records or copies. I will not access said records or copies outside of Mission of Hope business hours/locations. I understand that I am personally responsible and liable for any violation of this agreement.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_