

Previous Volunteer Experience (1)	
Name of Agency:	
Duties/Responsibilities:	
Dates of Volunteer Experience	
Previous Volunteer Experience (2)	
Name of Agency:	
Duties/Responsibilities:	
Dates of Volunteer Experience	

Education	
High School Information	
Name of High School:	Graduation Date:
Extracurricular Activities:	
Are you volunteering to complete a class or extracurricular requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College Information	
Name of College:	Graduation Date:
Major:	
Extracurricular Activities:	
Are you volunteering to complete a class or extracurricular requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School Information	
Name of College:	Graduation Date:
Major:	Highest Degree Earned:
Extracurricular Activities:	
Are you volunteering to complete a class or extracurricular requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment Information (Current/Retired From/Most Recent)		
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Other _____		
Current/Retired From/Most Recent Employer:		
Street Address:		
City:	State:	Zip:
Position/Title:		
Job Duties:		

May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number:
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Background

Have you ever been convicted of a crime? Yes No

If yes, explain the number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Professional References

Professional references are people who can attest to your work ethic and include people you have worked with/for. For students, this includes teachers, coaches, scout leaders, youth leaders, any job for pay (mowing, babysitting, etc.).

Name (1):	Home Phone:	
Street Address:	Cell Phone:	
City:	State:	Zip:
Email:	Relationship:	
Name (2):	Home Phone:	
Street Address:	Cell Phone:	
City:	State:	Zip:
Email:	Relationship:	
Name (3):	Home Phone:	
Street Address:	Cell Phone:	
City:	State:	Zip:
Email:	Relationship:	

Emergency Contact Information

Name (1):	Home Phone:
Relationship to you:	Cell Phone:
Name (2):	Home Phone:

Relationship to you:	Cell Phone:
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Availability				
Monday	<input type="checkbox"/> 9:00 AM-10:30 AM	<input type="checkbox"/> 10:30 AM-Noon	<input type="checkbox"/> Noon-1:30 PM	<input type="checkbox"/> 1:30 PM-3:00 PM
Tuesday	<input type="checkbox"/> 9:00 AM-10:30 AM	<input type="checkbox"/> 10:30 AM-Noon	<input type="checkbox"/> Noon-1:30 PM	<input type="checkbox"/> 1:30 PM-3:00 PM
Wednesday	<input type="checkbox"/> 9:00 AM-10:30 AM	<input type="checkbox"/> 10:30 AM-Noon	<input type="checkbox"/> Noon-1:30 PM	<input type="checkbox"/> 1:30 PM-3:00 PM
Thursday	<input type="checkbox"/> 9:00 AM-10:30 AM	<input type="checkbox"/> 10:30 AM-Noon	<input type="checkbox"/> Noon-1:30 PM	<input type="checkbox"/> 1:30 PM-3:00 PM
Friday	<input type="checkbox"/> 9:00 AM-10:30 AM	<input type="checkbox"/> 10:30 AM-Noon	<input type="checkbox"/> Noon-1:30 PM	<input type="checkbox"/> 1:30 PM-3:00 PM
I would like to serve up to ____ hours <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> One time.				
I am available:				
<input type="checkbox"/> Anytime				
<input type="checkbox"/> Depending on school activities				
<input type="checkbox"/> Only during school breaks				
<input type="checkbox"/> Ongoing, except these dates: ____/____/____ to ____/____/____				
<input type="checkbox"/> Only between these dates: ____/____/____ to ____/____/____				

Interested In		
<input type="checkbox"/> Direct Client Contact	<input type="checkbox"/> No Client Contact	<input type="checkbox"/> Direct Public Contact

Skills (Check all that apply)		
Spiritual		
<input type="checkbox"/> Bible Study Leader	<input type="checkbox"/> Prayer Partner	<input type="checkbox"/> Mentor/Ally
Computer		
<input type="checkbox"/> Data Entry	<input type="checkbox"/> MS Access	<input type="checkbox"/> MS Excel
<input type="checkbox"/> MS Word	<input type="checkbox"/> MS Publisher	<input type="checkbox"/> Adobe In Design
<input type="checkbox"/> Adobe Illustrator	<input type="checkbox"/> Adobe Photoshop	<input type="checkbox"/> Web Design/HTML
Food Service		
<input type="checkbox"/> Lunch Prep	<input type="checkbox"/> Lunch Service	<input type="checkbox"/> Lunch Clean-up
Foreign Language(s)		
<input type="checkbox"/> Arabic	<input type="checkbox"/> Chinese	<input type="checkbox"/> French
<input type="checkbox"/> Sign Language	<input type="checkbox"/> Spanish	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
Maintenance		

<input type="checkbox"/> Grounds/Mowing/Trimming	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Painting
Trades		
<input type="checkbox"/> Concrete/Masonry	<input type="checkbox"/> Construction	<input type="checkbox"/> Automotive/Small Engine Repair
<input type="checkbox"/> Plumbing	<input type="checkbox"/> HVAC	<input type="checkbox"/> Electrical
Other		
<input type="checkbox"/> Office (Typing, filing, phones)	<input type="checkbox"/> Laundry	<input type="checkbox"/> Driving/Pick-ups

By signing below, I certify that the answers and information provided in this application are true, accurate and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete I may not be asked to participate in the Mission of Hope Volunteer Program.

I authorize Mission of Hope to investigate all statements contained in this application for employment to include criminal, child and dependent adult abuse information in accordance with Iowa law, as well as my character and qualifications. I release Mission of Hope from all liability for actions performed in good faith and without malice in connection with evaluation of my application. I authorize my prior employers, references, and others with information regarding my work, educational history or my character, to provide Mission of Hope with all information requested and to cooperate fully with the investigation of my character and qualifications. I agree to cooperate in such an investigation, and release from all liability and/or responsibility all persons, companies, or corporations supplying such information.

I certify that throughout the selection process, including the interview, I will provide information that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer assignment.

I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position at Mission of Hope or my termination as a volunteer.

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

I understand that if I am offered a volunteer assignment, the offer is contingent upon receipt of satisfactory references and criminal/abuse/compliance background information.

I agree that at no time will any information regarding clients or operations of Mission of Hope be revealed to anyone other than those authorized to receive it.

I understand, as a volunteer, I must conform to all the Mission of Hope rules, regulations and policies.

I voluntarily offer my services with a clear understanding that there is no monetary compensation.

Signature: _____ Date: _____

Permission to Use Photograph:

I grant Mission of Hope the right to take photographs of me in connection with volunteering at Mission of Hope. I authorize Mission of Hope, its assigns and transferees, to copyright, use and publish the same in print and/or electronically.

I agree that Mission of Hope may use such photographs of me without my name for any lawful purpose, including for example such purposes as publicity, illustration, advertising, printing and web content. I have read and understand the above.

Signature: _____ Date: _____