



## Volunteer Application

Hope's House

[www.hopeshousewi.com](http://www.hopeshousewi.com)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell or Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### Volunteer positions you are interested in:

(Please check one or more of the choices below and star the option that is your top choice.)

\_\_\_ Small Groups Facilitator (Training provided)

\_\_\_ Small Groups Assistant (Orientation provided)

\_\_\_ Greeter

\_\_\_ Stuffing monthly packets

\_\_\_ Reading and recording book videos

\_\_\_ Other (please clarify: \_\_\_\_\_ )

\*Note: All volunteer positions will require a background check. Due to the sensitive nature and unique services provided by Hope's House, some volunteer opportunities will only be eligible to those who are 18 years of age or older.

**Getting to Know You:**

Tell us about yourself and why you would like to volunteer for Hope's House. If you have specialized education, certifications or training pertaining to children, please let us know. (Feel free to write on the back or attach another sheet of paper if needed):

If you are comfortable sharing, what is your personal experience with grieving the loss of a family member or close friend? How did the loss affect you and how has your life changed since? What are a few coping techniques that you've found to be most helpful to you? (Feel free to write on the back or attach another sheet of paper if needed):

Do you have a preferred age group that you are especially interested in working with?  
Have you worked with children of this age before?

**Work and Volunteer History:**

Please list your current job and any past volunteer experiences you've had:

Company Name	Type of Work/Service	Supervisor	Dates

**REFERENCES**

Please list the names and phone numbers of two people who know you well and can attest to your character, skill and dependability. (One should be a relative.)

**Send reference form to each, with instructions to return completed form to the director.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_



www.hopeshousewi.com

**Understanding and Authorization Form**

I certify that all the answers on the application and any attachments are true and complete to the best of my knowledge.

I also certify that I have not withheld any pertinent information.

I agree that in the course of considering my application, you may inquire to verify information considering my background.

I specifically authorize you to investigate all statements in this application.

I authorize educational institutions, employers, and references listed above to give you any and all information concerning my education, employment and fitness to work with children and young people.

I further agree to release and hold harmless Hope's House and Hope's House employees, volunteers and board members from any law enforcement agency and from all liability and any damage that may result from furnishing this information to you.

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

Return to: Gina Peotter  
Hope's House  
[ginapeotter@hopeshousewi.com](mailto:ginapeotter@hopeshousewi.com)

-----[ OFFICE USE ONLY ]-----

Personal References Checked: #1 \_\_\_\_\_ #2 \_\_\_\_\_

Criminal Background Check Sent: \_\_\_\_\_ Date Sent: \_\_\_\_\_ Confirmed: \_\_\_\_\_

Volunteer has been: Accepted \_\_\_\_\_ Denied/Notified: \_\_\_\_\_

Volunteer First In Person Meeting and Orientation, Time/Date: \_\_\_\_\_

Volunteer Training Completed: \_\_\_\_\_ Agreements Reviewed and Signed: \_\_\_\_\_  
(confidentiality/commitment/handbook)