



Volunteer Application

Last Name _____ First _____ I _____

Address _____ City _____ Zip _____

Phone _____ Email _____

DOB _____ Driver's License No _____ State _____

1. Do you have your own transportation to use to volunteer? Yes / No (circle)
2. Why do you want to volunteer at The House of Promise?
3. What experience have you had in caring and helping others, whether employed or volunteer?
4. What special training, if any, have you had in human services?
5. The House of Promise has animals. If you have concerns with being around animals, please share:
6. Check off the top two choices for volunteering:
 - Resident transportation
 - Running errands (groceries, prescriptions, household items)
 - Administrative support (filing, letters, mailing,
 - House support (meal prep, grocery list making, Resident Advocate* assistant, maintenance/odd jobs, gardening/grounds)
 - Fundraising event support
7. What days of the week are you able to volunteer? Time of the day?

8. How many times per month are you able to volunteer?

9. If you have disabilities, please explain.

References:

1. Name _____ Phone _____
Relationship To You _____

2. Name _____ Phone _____
Relationship To You _____

3. Name _____ Phone _____
Relationship To You _____

I hereby attest that the above information is true to the best of my knowledge.

Signature _____ Date _____

The House of Promise Office Use:

Received by: _____ Date _____

Background check ordered: _____

Background check returned: _____

Volunteer contacted:

Comments: