



GENERAL VOLUNTEER APPLICATION

NAME _____ DATE _____

ADDRESS _____ BIRTHDATE _____

CITY, STATE, ZIP _____

PHONE – HOME _____ CELL _____

OCCUPATION _____ WORKPHONE _____

MARITAL STATUS _____ DO YOU HAVE ANY CHILDREN? _____ AGES _____

SPOUSES NAME _____ SPOUSES OCCUPATION _____

CHURCH _____ PASTOR'S NAME _____

MEMBER: YES _____ NO _____ COMMITTEE MEMBER _____

EDUCATIONAL BACKGROUND (YEAR)

HS DEGREE _____ SOME COLLEGE _____ MAJOR SUBJECT _____ DEGREE _____

VOCATIONAL and/or VOLUNTEER EXPERIENCE (outside of church):

ARE YOU AN R.S.V.P. MEMBER? IF YES, YOUR I.D. IS _____

NOTE: R.S.V.P. Members receive additional volunteer support such as greater insurance coverage, trip expenses and other privileges provided by R.S.V.P. If you are retired we encourage you to consider while you are volunteering for Hope Outreach Ministries to being a member of R.S.V.P., too.

MINISTRY VOLUNTEER EXPERIENCE:

PERSONAL QUALIFICATIONS OR SKILLS YOU ARE BRINGING TO HOPE OUTREACH:

HOBBIES / INTERESTS:

HOW DID YOU HEAR ABOUT THE VOLUNTEER OPPORTUNITIES AT HOPE OUTREACH?

HOPE OUTREACH HOURS OF OPERATION

OFFICE	9-5 MON-FRI	THRIFT STORE	9-7 MON-SAT
DAY CENTER	8-4 MON-FRI	WAREHOUSE	9-5 MON-SAT
PARENTING CENTER	10-4 MON-FRI		
FAITH FARM	7 days a week – by appointment		

HOURS YOU ARE AVAILABLE:

MON _____ TUES _____ WED _____ THURS _____ FRI _____ SAT _____

VOLUNTEERING FOR:

THRIFT STORE...

_____ CUSTOMER SERVICE
_____ GREETER
_____ BOOKS / MEDIA
_____ MERCHANDISE STOCKER

WAREHOUSE...

_____ DONATION RECEIVING
_____ PRICING
_____ SORTERS
_____ SMALL REPAIR

ADMIN...

_____ PHONE CALLERS
_____ INSERTERS
_____ CLEANING
_____ HOSTING

MINISTRY...

_____ CLEANING
_____ MENTOR*
_____ GARDENING
_____ SPECIAL PROJECTS

***NOTE: Volunteers for the Parenting Ministry program must complete a different application.**

PLEASE LIST THREE PERSONAL REFERENCES:

1. NAME _____ RELATIONSHIP _____
ADDRESS _____ PHONE _____
CITY, STATE, ZIP _____

2. NAME _____ RELATIONSHIP _____
ADDRESS _____ PHONE _____
CITY, STATE, ZIP _____

3. NAME _____ RELATIONSHIP _____
ADDRESS _____ PHONE _____
CITY, STATE, ZIP _____



VOLUNTEER RELEASE OF LIABILITY

I understand that Hope Outreach Ministry is a nonprofit, charitable organization that serves the community. As a volunteer for Hope Outreach, I might enter the premises to pick up products; to deliver products; to assist in sorting, shelving or organizing products, to clean; or for other reasons. I understand that Hope Outreach wishes to obtain a release of liability from those entering its premises.

I, for myself and my heirs, personal representatives, assigns and agents, hereby release, and forever discharge Hope Outreach, its officers, directors, employees, agents, representatives, successors and assigns from any and all claims, demands, causes of action, suits, damages, injuries, costs, expenses and compensation, whether known or unknown, arising from, resulting from or in any manner relating to my entering onto the premises, delivering products to or from the premises, or otherwise engaging in any type of activity on the premises of Hope Outreach.

I have carefully read this Release. I understand that this Release is contractual in nature and is binding on me.

Printed Name

Signature

Date

Signature of Parent or Legal Guardian
(For Minors)