



VOLUNTEER APPLICATION

Today's Date:

First and Last Name:	
Phone:	Secondary Phone:
Email:	
Address:	
City/State/Zip:	
Please tell us why do you want to volunteer with our organization?	
Please tell us what you hope to gain from your experience with us?	
Please tell us about any educational background, work or volunteering experience that would be relevant to the volunteer role you are applying for.	
If you have volunteered before, please give details of where you have volunteered, for how long and describe your volunteer role.	
What hobbies, skills, special interests or qualities do you have that may be relevant to the volunteer role you are applying for?	
References: Please supply us with the names of two references (non-relatives)	
Name:	Name:
Address:	Address:
Email:	Email:
Telephone:	Telephone:

Pertinent medical information that would be helpful for us to know:
Have you ever been convicted of a crime? If yes, please provide the offense.

EMPLOYMENT HISTORY

Current Employer
Position/Title
Dates of Employment
From: _____ To: _____
Address:
City/State/Zip:
Phone:
Current Employer
Position/Title
Dates of Employment
From: _____ To: _____
Address:
City/State/Zip:
Phone:

EDUCATION

Highest Level Of Education:
Name of School:
City/State/Zip:
Phone:



CHURCH AFFILIATION

Name of Church and Denomination
Pastor's Name:
Mailing Address:
Phone:

AREAS OF INTEREST

- | | | |
|---|---|--|
| <input type="checkbox"/> {En} Courage Facilitator
(Family/Caregiver Support Group) | <input type="checkbox"/> Gala Table Host | <input type="checkbox"/> Event Opportunities |
| <input type="checkbox"/> {In} Courage Facilitator (Survivor Support Group) | <input type="checkbox"/> Gala Volunteer | <input type="checkbox"/> Exhibit Table Host |
| <input type="checkbox"/> E3 Trainer | <input type="checkbox"/> Walk Volunteer | <input type="checkbox"/> Office Assistant |
| <input type="checkbox"/> Blake House - Gardening/Yardwork | <input type="checkbox"/> Blake House - Deep Cleaning Once Per Month | <input type="checkbox"/> Blake House - Grocery Shopping with Residents |
| <input type="checkbox"/> Church Liaison | <input type="checkbox"/> Warm-Line Operators | <input type="checkbox"/> Facebook Contributor |

AVAILABILITY

- | | |
|--|--|
| <input type="checkbox"/> I Am Available Mornings (Mon-Fri) | <input type="checkbox"/> Afternoons (Mon-Fri) |
| <input type="checkbox"/> Evenings (Mon-Fri) | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> Once A Week | <input type="checkbox"/> More Than Once A Week |
| <input type="checkbox"/> One Time Only | <input type="checkbox"/> As Needed |

Please check days you are available:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

The information provided is true and correct to the best of my knowledge.

Signature

Date





STATEMENT OF CONFIDENTIALITY FOR PATHWAY TO HOPE

As a Volunteer of Pathway To Hope, I understand that some of my work will involve access to information and records that are considered confidential.

It is the policy of Pathway To Hope that confidential information will not be disclosed to any person, including their relatives, friends, business and professional associates, unless Pathway To Hope has authorized disclosure. This policy is not intended to prevent disclosure where disclosure is required by law.

I acknowledge my responsibility to respect the confidentiality of client or donor records, to follow office procedures in order to protect privacy, and to act in a professional manner, both to the public and over the phone.

I further understand that if I am found acting indiscreet with confidential material or not protecting privacy of a client or others through my actions, I will be dismissed from my volunteer duties immediately. I understand this action to be necessary in order to maintain high professional standards of the office and integrity of Pathway To Hope.

Signature of Volunteer

Signature of Volunteer Coordinator

Date

Date