

Hopeful Hearts

Once you choose hope, anything is possible.



Volunteer Application

Name _____ Date of Application _____

Address _____
Street City County State Zip

Telephone: Home _____ Work _____
 Cell _____ E-mail Address _____

*Are you at least 19 years of age or older? ____ Yes ____ No

*Do you currently hold up-to-date personal automobile insurance? ____ No ____ Yes

*Are you willing to get Child Abuse History, Criminal Record Check, and FBI Criminal History clearances? ____ No
 ____ Yes

*Have you ever been convicted of a crime, including sex-related or child abuse-related in nature? ____ No ____ Yes
 If "yes," please, explain.

Education

School	Address	Year Completed	Degree

Employment (List most recent first)

Employer	Address	Phone	Occupation

References (Non-related)

Name	Address	Phone

In case of emergency, notify _____ Relationship _____

Phone numbers _____

*Previous Volunteer Experience

*What experience have you had working with children?

*What are your expectations of volunteering for Hopeful Hearts?

*Describe significant experiences you have had with death. Include your age at the time of the death and the nature of your relationship to the deceased.

Volunteer Activities (Please check **all** activities of interest to you.)

- | | |
|------------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Working with children/families in bereavement | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Facilitating support groups | <input type="checkbox"/> PR |
| <input type="checkbox"/> Greeting families | <input type="checkbox"/> Office help |
| <input type="checkbox"/> Serving meals | <input type="checkbox"/> Sewing memory wall hangings |
| <input type="checkbox"/> Cleaning up | |

Skills & Talents (Please check **all** that apply to you)

- | Administrative | | Assistant | |
|-----------------------------------------------|------------------------------------------|----------------------------------------------------------------|--|
| <input type="checkbox"/> Computer Programming | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Artwork/Graphics | |
| <input type="checkbox"/> Event Organization | <input type="checkbox"/> Writing | <input type="checkbox"/> Singing/Dancing/Playing an Instrument | |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Photography | <input type="checkbox"/> Video Production | |
| <input type="checkbox"/> Training | <input type="checkbox"/> Quilting | <input type="checkbox"/> Crafts (please specify) | |

What other skills, abilities, interests, hobbies, or special strengths do you have that would be particularly helpful?
