



Hope House Foundation

VOLUNTEER APPLICATION INFORMATION

PERSONAL INFORMATION (Please Print)

| | | |
|--------------------|--------------------|--------------------|
| NAME: | | |
| ADDRESS: | | |
| HOME PHONE NUMBER: | WORK PHONE NUMBER: | CELL PHONE NUMBER: |
| DATE OF BIRTH: | EMAIL ADDRESS: | |

EMERGENCY CONTACT INFORMATION (Please Print)

| | |
|---------------|--|
| NAME: | |
| RELATIONSHIP: | |
| PHONE NUMBER: | |

INTEREST & AVAILABILITY

_____ I am interested in volunteering my time

___ Monday ___ Tuesday ___ Wednesday ___ Thursday

___ Friday ___ Saturday ___ Sunday

___ Every Week ___ Once a Month

___ Specify Week: Any, 1st, 2nd, 3rd, 4th, 5th

_____ I am interested in volunteering my time by providing Operational Support



OTHER INFORMATION

I am interested in: Financially Supporting The Hope House Foundation

I am affiliated with _____ Church.

I am affiliated with _____ Club/Organization.

Are you Bi-Lingual? Yes No: If yes, what languages?

SIGNATURE

DATE

Questions? Visit our website at www.HopeHouseFoundation.org
Return Completed Form to:



**The Hope House Foundation
Volunteer
Hold Harmless Agreement**

The undersigned, _____, agrees to hold The Hope House Foundation, their employees and officers harmless and defend The Hope House Foundation and their employees and officers from any liability for injury to person or property that may result from the participation by the undersigned in any volunteer activity undertaken on behalf of The Hope House Foundation and hereby assumes all risks involved in said participation.

Signature: _____

Print Name: _____

Date: _____