

## House of Hope

Phone: 717-414-7666 · Fax: 717-496-8780  
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www.hohpa.org



### VOLUNTEER APPLICATION

Application Date \_\_\_\_\_  
Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

#### **EDUCATION**

Highest Level of Education \_\_\_\_\_

#### **EMPLOYMENT**

Current Employer, if applicable:  
Position/Title \_\_\_\_\_  
Dates of Employment (starting, ending) \_\_\_\_\_  
Company/Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Would you like us to keep your employer abreast of your volunteer service and achievement?  
No  Yes

#### **Availability and Volunteer Assignment Preferences** Please Check All That Are Applicable:

##### I Am Available

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 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           | <input type="checkbox"/> Only As Needed       | <input type="checkbox"/> OTHER                 |

Why do you want to volunteer? [Or, What do you want to gain from this volunteer experience?]

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Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] Conviction of a crime is not an automatic disqualification for volunteer work.

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Do you have a driver's license? No  Yes

Do you have car insurance? No  Yes

Do you have a car available for transporting others?  No  Yes

**REFERENCES**

Please list three people who know you well and can attest to your character, skills, and dependability. Include your current or last employer.

Name/Organization	Relationship to you	Length of relationship	Phone number

***Please read the following carefully before signing this application:***

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with House of Hope that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by House of Hope. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with House of Hope or my termination as a volunteer.

Signature \_\_\_\_\_ Date \_\_\_\_\_
