

House of Hope of Franklin County

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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

- Mornings (Mon-Fri) Afternoons (Mon-Fri) Evenings (Mon-Fri)
- Weekends Once A Week More Than Once A Week
- One Time Only As Needed OTHER

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

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.

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 _____
