

**Hope House Foundation—Service Enterprise
SKILLED VOLUNTEER APPLICATION**

APPLICANT INFORMATION

Name: _____

Current Address _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Mobile Phone: _____ Email: _____

How did you hear about volunteer opportunities at Hope House?
 Website Flier Volunteer Hampton Roads Employer (Who do you work for? _____)
 Hope House Employee (Who? _____) Other: _____

Primary Emergency Contact: _____ Relationship: _____

Address: _____ Phone: _____

Yes No Are you at least 18 years of age?
 Yes No Do you have a valid Virginia driver’s license, or be willing to obtain one?
 Yes No Do you have a satisfactory driving record and criminal history record? (*Checks done at HHF discretion*)
 Yes No Are you willing to drive your personal vehicle for related tasks?
 Yes No Will you have current vehicle insurance and be able to submit policy information upon start date?
 Yes No Do you have any conditions and/or physical limitations that would prohibit or limit you from performing your volunteer duties or responsibilities? If so, please describe: _____

OPPORTUNITY INFORMATION

What volunteer opportunity are you interested in? _____

Have you volunteered with Hope House Foundation before? If so, when? _____ Yes No

Are you aware of the time requirement and willing to commit for the full length of the time? Yes No

What days of the week will you be available? Mon. Tues. Wed. Thurs. Fri.

Please explain why you are interested in volunteering with Hope House Foundation:

What do you hope to gain, and what do you hope to contribute by volunteering with Hope House Foundation?

EXPERIENCE

Please list all paid and volunteer experience in order of most recent position

Title: _____ Dates: _____ to _____ Part-Time Full-Time

Employer: _____ Supervisor: _____ Phone: _____

Duties: _____

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Title:	Dates: _____ to _____	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time
Employer:	Supervisor:	Phone:

Duties: _____

Title:	Dates: _____ to _____	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time
Employer:	Supervisor:	Phone:

Duties: _____

We would love to know about you! Please use the space below to tell us about yourself.

REFERENCES

Please three professional references:

NAME	JOB TITLE/RELATIONSHIP	PHONE NUMBER

CERTIFICATION

I certify that all entries on all pages are true and complete, and I agree and understand that falsification of information regardless of time of discovery may cause forfeiture on my part to any opportunity, volunteer or not, in the service of Hope House Foundation. I understand that all information on this application is subject to verification, and I consent to references and former employers listed being contacted regarding this application. I further authorize Hope House Foundation to rely upon and use as sees fit any information received in such contacts.

Signature: _____	Date: _____
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Upon completion, please return this application to:

Hope House Foundation
Attn: Service Enterprise Coordinator
801 Boush Street, Suite 302
P: 757-625-6160 ext. 508
F: 757-625-7775
dev@hope-house.org