



# HOPE ROAD ORGANIZATION

Helping Youth Discover Direction & Development

[Http://hoperoad.org](http://hoperoad.org) , P.O. Box 5905, Dayton, Ohio 45405-5905. [Info@hoperoad.org](mailto:Info@hoperoad.org)

## Volunteer Application

Name: \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Birth Date (optional): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail\*: \_\_\_\_\_

(\* Hope Road Organization has my permission to contact me via e-mail at the above address.)

Company/School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### AVAILABILITY

When would you be available for volunteer service and/or training? Check times:

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning							
Afternoon							
Evening							

Are you willing to commit to one year of volunteer service? \_\_\_\_ Yes \_\_\_\_ No

How many hours per week are you available?

### TYPE OF VOLUNTEER

#### SKILLS AND INTERESTS

Do you have experience and or training in any of the following? (please check all that apply)

<input type="checkbox"/>	Medicine	<input type="checkbox"/>	Education
<input type="checkbox"/>	Counseling	<input type="checkbox"/>	Research
<input type="checkbox"/>	Child Development	<input type="checkbox"/>	Advertising or Public Relations
<input type="checkbox"/>	Writing	<input type="checkbox"/>	News/Media
<input type="checkbox"/>	Drug/Alcohol Treatment	<input type="checkbox"/>	Child Care
<input type="checkbox"/>	Art or Graphics	<input type="checkbox"/>	Public Speaking
<input type="checkbox"/>	Other	<input type="checkbox"/>	Social Work

Briefly describe any items that you checked on the Skills and Interests list:

\_\_\_\_\_

**EDUCATION** (circle highest completed)

High School: 9 10 11 12

College: 1 2 3 4

Graduate: 1 2 3 4

Major: \_\_\_\_\_

Degree: \_\_\_\_\_

Are you presently enrolled in school? Yes \_\_\_ No \_\_\_

If yes, name of school and course of study: \_\_\_\_\_

Will you receive academic credit for your volunteer work? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you speak a foreign language? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, which language (s) \_\_\_\_\_

Do you drive? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have access to a car? \_\_\_\_\_ Yes \_\_\_\_\_ No

What would you like to learn from your volunteer experience? \_\_\_\_\_

List your special hobbies, skills, and talents: \_\_\_\_\_

What languages do you speak fluently? \_\_\_\_\_

Volunteer work experience: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Have you ever been convicted of a crime?** \_\_\_yes \_\_\_no If yes, please explain:

If yes, was the conviction in Ohio or in another state? Please specify state(s)

**Advisory:** A check of the volunteer applicant's criminal history may be made to verify the responses to the above questions for the sole purpose of ensuring the safety of its staff, volunteers and visitors. No applicant will be denied volunteer status solely on the grounds of conviction of a crime. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position will be considered.

"I certify that all information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and active volunteer status may be terminated at any time. In consideration of my volunteer application, I agree to adhere to the policies and regulations of Hope Road Organization, and I agree that my volunteer status can be terminated, with or without cause, and with or without notice, at any time by Hope Road Organization."

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

**REFERENCES:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_