



Volunteer Application

Hope House
Hope... Healing... Home...
We Care About Life!



Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Birthday: _____ Any family information you would like to share (married, children, ages, etc...): _____

Church / Organization: _____

How did you hear about Hope House? _____

Hobbies: _____

Special Skills: _____

Check items you have had experience with and/or may be interested in providing for Hope House:

- | | |
|---|--|
| <input type="checkbox"/> Transport ladies/children to appointments | <input type="checkbox"/> Lead a Bible Study/Devotional |
| <input type="checkbox"/> Teach about meal/food preparation | <input type="checkbox"/> Babysitting / childcare |
| <input type="checkbox"/> Organize/sort through donations | <input type="checkbox"/> Gardening / Landscaping |
| <input type="checkbox"/> Organize/participate in a donation drive | <input type="checkbox"/> Yard care / mowing |
| <input type="checkbox"/> Receive training to help at Women's Center | <input type="checkbox"/> Help with fund raisers |
| <input type="checkbox"/> Speak to groups about the sanctity of life | <input type="checkbox"/> Teach a craft |
| <input type="checkbox"/> Speak to groups or counsel on abstinence | <input type="checkbox"/> Host a birthday party |
| <input type="checkbox"/> Make follow-up home visits or calls | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Teach a specific skill (i.e. sewing, music, foreign language, parenting, etc...) | <input type="checkbox"/> Mentoring / Discipleship |
| Please list: _____ | <input type="checkbox"/> Be a childbirth coach |
| | <input type="checkbox"/> Go on recreational outings |

Other: _____

Days and times you are available to volunteer: _____

On the reverse side, please provide the name, address and telephone # of 2 personal references able to verify information you have shared with us.



Additional Volunteer Information

Name _____

Why are you interested in volunteering with Hope House?

Please share any personal or professional experience you have that may equip you to minister to women in crisis pregnancy situations and/or supports the Hope House Mission:

Have you accepted Jesus Christ as your Lord and Savior? _____

If yes, please explain what your salvation means to you:

What is your view on *abortion*?

How would you advise, comfort and encourage some considering abortion?

What is your view on *adoption*?

How would you advise, comfort and encourage someone considering adoption?

What is your view on sex outside of marriage?



DRUG-FREE ENVIRONMENT

I understand that all persons are prohibited from consuming, displaying, or possessing alcoholic beverages or illegal drugs while on Hope House property or while performing work for, or representing Hope House.

Smoking will not be permitted anywhere within the facilities. No person shall use any tobacco product inside the facilities or on the grounds.

CONFIDENTIALITY

I agree to respect the privacy and confidentiality of Hope House clients, staff, and other volunteers. I realize that my interaction with Hope House clients and staff (items of a personal or sensitive nature) is privileged information and is not to be shared with anyone other than current staff and volunteers of Hope House. Furthermore, I promise not to disclose the location of Hope House, or the residence telephone number, without a supervisor's approval.

I understand that I am obligated to report any pertinent information which may affect a client's eligibility status, their safety, or any knowledge of a breach of confidentiality to the Hope House Director or Program Manager.

ENTERTAINMENT & LANGUAGE

In order to provide a wholesome atmosphere for all clients, Hope House does not allow violent, sexually explicit, or perverted literature, TV or music on its premises or as part of its programming. Furthermore, all persons are prohibited from using profanity, abusive or degrading speech, or any inappropriate language. I agree to abide by these requests.

PERSONAL COMMITMENT

In order to support Hope House in its commitment to uphold the sanctity of life for both mother and unborn child, volunteers are expected to take a non-abortion, pro-life stand. Though adoption is strongly encouraged, Hope House supports a mother's decision to either parent or elect adoption. In order to express God's intention for sexual relationships, volunteers should support the commitment to sexual abstinence until marriage through word and example.

VOLUNTEER ACKNOWLEDGEMENT

Volunteer Signature

Print Name

Date



Hope House Driver Information

Name: _____

Address: _____

Date of Birth: _____

Drivers License # _____ State _____

Auto Insurance
Company _____

Policy # _____

Limits of Liability _____
Or Copy of Declarations Page