



JEFFERSON COUNTY HOUSE OF HOPE  
100 E. 2<sup>ND</sup> ST., SUITE H  
MADISON, IN 47250

(812) 274-0349  
[hohinfo@cinergymetro.net](mailto:hohinfo@cinergymetro.net)  
[www.hohmadison.org](http://www.hohmadison.org)

## Volunteer Application

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

**What days can you volunteer? (circle all that apply)**

Mon.   Tues.   Wed.   Thurs.   Fri.   Sat.   Only as needed/on call

**What time are you able to volunteer? (circle all that apply)**

Morning   Afternoon   Evening

**Volunteer Position Preference:**

*Please note your preference (you may choose more than one)*

\_\_\_ Serving the public (guided shopper, client intake, helper, prayer)

\_\_\_ Food Intake or shelf ministry

\_\_\_ Other: please describe \_\_\_\_\_

**Do you have restrictions? Lifting etc.**

**Please complete this form and return it in one of two ways:**

**1. Mail your completed form to:**

House of Hope, Inc.  
100 E. 2<sup>nd</sup> St., Suite H  
Madison, IN 47250

**OR 2. Scan and email your completed form to:**

Deb Buntton, Volunteer Board Member  
(317) 416-7805 or [buntond@cinergymetro.net](mailto:buntond@cinergymetro.net)