



Volunteer Application Form

**Please return completed applications to Janine Kramer at Olivia's House of Hope*

Applications can be submitted in a variety of ways:

-Hand deliver

-Email oliviashouseofhope@outlook.com or janinek48@gmail.com

If you have any questions you may reach Janine at 320-979-5542.

Name: _____
first initial last

Address: _____
number street Apt No., Unit No., P.O Box

City/Town Postal Code

Home: _____ **Cell:** _____

Email: _____ **Age:** _____

In case of an Emergency, Contact:

Name: _____ **Phone number:** _____

Position Applying For: *(Check the applicable circle)*

- One time volunteer(Less than 12 hrs)
- Long term volunteer
- Unsure

What days/times are you available to volunteer? (Circle all that apply)

Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

Mornings Afternoons Evenings

Preferred Start Date:

- ASAP
- Date: _____

Program of Interest:

- Fundraising
- Mentor
- Transportation

Why are you interested in volunteering?

If you are looking for one-time/short term volunteer opportunities, check the circle to which event(s) are you interested in?

- Annual Fundraiser Event
- Transportation
- Event (Moving in, decorating, & repairs)

How did you hear about OHOH and its volunteer program?

List Any Previous or Current Volunteer Experience:

<i>Organization</i>	<i>Position/Major Responsibility</i>	<i>Dates of service (yy/mm)</i>	
		<i>From:</i>	<i>To:</i>
1 _____	_____	_____	_____
2 _____	_____	_____	_____

Educational Background:

<u>Institution:</u>	<u>Location</u>	<u>Dates</u>	<u>Degree</u>
High School: _____			
College: _____			
Other: _____			

Work Experience:

1) Previous/Last employer: _____ Dates: _____

Address: _____ City: _____ State: _____

Supervisor: _____ Phone: _____

Description of position: _____

2) Present/Last employer: _____ Dates: _____

Address: _____ City: _____ State: _____

Supervisor: _____ Phone: _____

Description of position: _____

Please list two (2) references (not related to you):

1. Name: _____

Address: _____

Phone: _____

How long have you known this reference? _____

2. Name: _____

Address: _____

Phone: _____

How long have you known this reference? _____

How do you hope to benefit from this experience?

What is your preferred method of contact?

- Via email
- Via phone

Would you be interested in being a part of an email database that will update you on OHOH and its upcoming events?

- Yes
- No

Background Information

Please note consent to investigate background on the bottom of the page.

Yes No

Were you ever convicted of a felony or a misdemeanor (other than a traffic violation)?

Do you have any pending criminal charges?

Have you ever been subjected to a civil protective order for domestic violence or abuse?

Have you ever been investigated for or charged with child abuse or neglect?

Has your driver’s license ever been suspended or revoked?

Other than the above, are there facts or circumstances that would call into question the supervision, guidance and care of young people?

If you answered “yes” to any question please explain. _____

The information contained in this application is true and correct to the best of my knowledge. I authorize you and any interested party to verify any information I have provided in this application. I authorize Olivia’s House of Hope board of directors, director, and employees to seek information from any relevant source including but not limited to present and former employers, educational and training institutions, social security administration, criminal courts and state and county repositories of criminal records, department of motor vehicles or child protective services. I authorize my present employer and any previous employers, past and present fellow employees, educational and training institutions and any other persons to furnish information concerning my personal character, habits and employment records to Olivia’s House of Hope, its director, board of directors, and employees. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless Olivia’s House of Hope, its director, and board of directors, employees and agents from any and all liability with respect to the use and or disclosure of information gathered as part of this background check. **I understand that any volunteer position or offer of a volunteer position is dependent on results of a background check.** I further understand that I have no right to a volunteer position and that my position as a volunteer may be terminated immediately without cause and without notice at the sole discretion of Olivia’s House of Hope, its director, board of directors, and employees.

Signature _____ Date _____ Witness _____

Olivia’s House of Hope and Janine Kramer would like to thank you for your expressed interest in volunteering. We look forward to working with you and hope this will be a great experience.