

Name of Casum

23 S. Idlewild St. Memphis, TN 38104 (901) 272-2702

www.hopehousememphis.org

For questions please contact:

## Samantha

### **Thornton**

Community Engagement Manager

Phone:

(901) 538-8438

Fax:

(901) 722-9520

Email:

sthornton@hopehouse
memphis.org

# **Group Volunteer Application Form**

Please fill out each field clearly and fax or email to: Samantha Thornton

sthornton@hopehousememphis.org

Fax: (901) 722-9520

name of Group:				
Address:				
City:	State:	Zip:		
Groups must ide wellbeing of gro	entify a Group Coordinato up members:	or that is responsible for	r the safety and	
	de coordination and supere all members adhere to			
Contact Person I	Name:			
Primary Phone:	Ce	ell Phone:		
Email of contact				
(*Hope House has my pe	ermission to contact me via email at t	he above address)		
Group Informati	ion			
Age Range of Vo				
Are there specia	I needs of this group tha	t would be helpful for u	s to know about	
volunteer experi	ience? 🗌 Yes 🔲 No			
Has the group ar	nd/or advisor had previo	us experience working a	at Hope House?	
Number of volur	iteers:			
Please describe	your group and its focus	:		
Education (Pleas	se complete for school gr	oups only)		
School Level: Middle School High School College Graduate School Please list the school that the group attends:				
We need volunt	eer hours for school/coll	ege credit:		
If yes, how many				
Employment (Pl Company/Organ Department:	ease complete for corpo ization:	rate groups only)		

Please check which one app	
A Hope House employee Hope House Website	School/College Social Media or News Outlet Work Other:
Please describe why you ar	e interested in volunteering at Hope House:
Project Information	
• •	ilable on weekends at the schedule and discretion of Hope House staff.
Projects that involve Hope	House children are available on weekdays from 9am-noon, and 2pm-4pm.
One Time Volunteer Opport	tunity:
Please list desired date(s) a	and time(s) of volunteer opportunity:
Project proposal:	
Group volunteer dates are	not final until confirmed by Hope House staff.
Regular or Ongoing Volunte	eer Opportunity: Weekly Monthly Annually On Call
Project Proposal:	
And the area are where it all a second	
Are there any physical, age, your group?	, or other limitations that we should consider when assigning a project to
Please select any additiona	I "experiences" you would like included in your volunteer project:
TourTime with Child	Iren (in addition to project time. * Not available on weekends)
HIV 101 (hour-long cour	se in HIV basics)
Meeting with staff mem	ber other than volunteer coordinator. If yes, who?
Make your volunteer effor	t twice as nice! Is your group being compensated by your organization for
its volunteer time? If so, do	you know if your employer has a gift matching program?
	olunteering isn't the only way for organizations to make a difference at
•	offers many different types of partner opportunities that can be customized
= -	eeds of an organization. Would you be interested in learning more about
opportunities to partner wi	iui nope nouse:
Diagona was district to the	a walka Ukan
Please read the following ca	aretully:

#### **Group Volunteer Policy**

- Group projects must have a minimum of 5 individuals.
- Volunteers must be at least 12 years old.
- For volunteers under the age of 18 you must provide a 1:5 adult to youth ratio.
- Group volunteers must identify a Group Coordinator that is responsible for the safety and well being of group members:
  - o To provide coordination and supervision for group while volunteering
  - o To ensure all members adhere to Hope House rules and procedures
- It is the responsibility of the coordinating group to obtain a signed parental consent form for group members under the age of 18, which must be brought to the project day by the Group Coordinator who will retain them in case of emergency.
- Hope House is a tobacco free zone, smoking or the use of other tobacco products is prohibited.
- Hope House reserves the right to reject a volunteer for any reason which Hope House, in its sole judgment, determines will or may affect the best interests of Hope House. Furthermore, Hope House reserves the right to withhold the reason(s) for such refusal.
- Hope House cannot guarantee volunteer placement. Hope House will, however, make every effort to match volunteer applicants to volunteer opportunities based on the needs of Hope House and the interests and abilities of the volunteers.
- Housing and/or food is not provided for volunteers. Groups are welcome to bring food to Hope House to eat.

#### Application Information:

I certify that all information in this application is true and complete. I understand that any false ay

information or omission may disqualify me from further consideration for volunteer service and marresult in my dismissal, if discovered, at a later date.
Signature of Group Coordinator:
Date:

# Each participant will need to sign and submit the following confidentiality agreement. Agreements can be submitted at time of volunteer project.

#### Confidentiality Agreement

I understand that the confidentiality of the identity of and information concerning any child or family of Hope House Day Care Center, Inc. must be maintained at all times. No information concerning a client may be released to anyone, including spouse and family members, without their express written consent.

My signature on this statement indicates that I have read the policy on confidentiality and that I understand and agree to abide by the provisions and procedures established. I understand that my failure to abide by these provisions is subject to my disciplinary measures including termination, and may subject me to civil and/or criminal penalties brought about by an aggrieved party.

In the event that I shall no longer be a volunteer at Hope House Day Care Center, Inc. I agree to continue to abide by this agreement and understand that the disclosure of any confidential information may subject to civil and criminal liability.

Volunteer Signature:	
Date:	