



Volunteer Application

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

sthornton@hopehousememphis.org

Fax: (901) 722-9520

All volunteers must complete a background check before volunteering at Hope House. Instructions to complete a background check can be found on our website at www.hopehousememphis.org.

Name:

Gender:

Address:

City/ State/Zip:

Birthdate:

Email:

Cell Phone:

Emergency Contact

Name:

Relationship:

Phone:

Education (Based on your current level of education):

Completed: High School Some College College Graduate School

If applicable, please list the college that you are attending now:

If applicable, please denote what academic year you are in currently:

Freshman Sophomore Junior Senior Other:

I need volunteer hours for school/college credit

If yes, how many?

Employment:

Current Employer:

Position:

Sick Policy

I agree to not volunteer at Hope House on days when I am sick, not feeling well, or had a fever in the last 24 hours for the safety of the children and our families.

_____ Initial here to agree to the above Sick Policy statement

How did you hear about volunteering at Hope House?

Please check which one applies:

A Hope House employee or volunteer. Name:

Hope House Website School/College Social Media or News Outlet Work Other:

Please describe why you are interested in volunteering at Hope House:

Interests/skills/experience:

Would you prefer to volunteer:

- With children: Infants (6 weeks- 18months) Toddlers (18 mths-3 yrs.) Preschoolers (3-5yrs.)
- Buddy-Up Program * Will require additional application materials
- Assorted Maintenance Development Committee Education/Outreach
- In support areas- please denote which specific department:

Please list your current volunteer roles with location (if any) and list your previous volunteer roles:

Availability:

Please mark the day(s) and/or shift(s) that you would be available to volunteer:

*We ask that all volunteers work a minimum of 1 hour per week

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 am -9:00 am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:00 am – 10:00 am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:00 am – 11:00 am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:00 am – 12:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:00 pm – 1:00 pm (Infant room only!)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:00 pm – 2:00 pm (Infant room only!)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:00 pm – 3:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I am willing to make a commitment of: limited-term 3 months 6 months 12+ months*

*Required for Buddy-Up Volunteers

Are you available/interested in supporting Hope House at Special Events?

- Yes
- No

Volunteer Privacy Information and Release Authorization

Please list three references of people who know you well, other than relatives, preferably for whom you have worked in either a paid or volunteer capacity. If you are currently working, either paid or as volunteer, please include the name of your supervisor.

Name	Email Address (required)	Phone	Relationship

Please read the following carefully:

Application Information:

I certify that all information in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal, if discovered, at a later date.

References:

I understand that Hope House requires information from me to evaluate my qualifications for volunteer service.

I authorize and release personal references, employers (past and present), and if necessary, other applicable entities to answer questions in regards to volunteer work, employment, ability, and character.

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.

Applicant Signature:

Date: