



VOLUNTEER APPLICATION

Date: _____

PERSONAL INFORMATION:

Name (Last, First): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Social Security Number: _____ Date of Birth _____

Are you currently employed? YES NO

If so, where? _____

Title/Job details: _____

Driver's License No. (Photo copy): _____

In Emergency, Please Notify:

Name (Last, First) _____

Relationship: _____ Phone: _____

EDUCATION:

Name of School(s) Attended	No. Years or Degree	Courses or Major
_____	_____	_____
_____	_____	_____
_____	_____	_____

SKILLS:

Please indicate any special skills in which you have been trained/licenses (e.g. Computers, Banking, Accounting, etc.): _____

VOLUNTEER APPLICATION

TIME AVAILABILITY: *(Please check all times that apply)*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							
Events Only*							

VOLUNTEER AREA(S) OF INTEREST: *(Please check the volunteer areas of interest to you.)*

- Arts & Crafts
 Banking/Accounting
 Clerical/Receptionist
 Events
 Food for events
 Gardening
 General Housekeeping
 Miscellaneous

QUESTIONS:

- Why do you wish to be a Cornerstone of Hope Volunteer? _____

- Please list any previous volunteer experience: _____

- Do you have any physical or medical conditions that may limit your ability to participate in certain activities?

- Have you ever been convicted of a felony? YES NO

REFERENCE: *(Please list one reference, non-relatives, that we may contact to get an understanding of your experience, character, etc.)*

Name of Reference _____

Relationship: _____ How long have you known him/her? _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Cornerstone of Hope and the volunteer applicant acknowledge that this application does not guarantee volunteer placement. Our Volunteer Coordinator will reach out to you if your services are needed. Thank you for your interests in volunteering with us!