

## **Volunteer Application Instructions**

1. Please print and complete the following application.
2. Submit your Application to Hope House of Colorado:

Place Attention to Sue Pilon

Fax#: 303-439-2136

Or

Attn: Sue Pilon

Hope House of Colorado

P.O. Box 740568

Arvada, CO 80006

3. Once submitted, your application will be reviewed and you will be contacted within 3 business days.

**Thank you for your willingness to serve with us!**



# Hope House

OF COLORADO

[www.hopehouseofcolorado.org](http://www.hopehouseofcolorado.org)

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## VOLUNTEER APPLICATION

The information you provide on this application will be used in determining your suitability for a volunteer position with Hope House. We will greatly appreciate your assistance in getting to know you.

Please complete the questionnaire keeping in mind that:

1. Completion of the form is mandatory prior to any service with residents.
2. All statements are subject to verification.

### PERSONAL INFORMATION

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Name

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address, if different \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email  
Address \_\_\_\_\_

If you have lived at your current residence for less than one year, please list your previous address:

\_\_\_\_\_  
Street                                      City                                      State                                      Zip

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_

Marital status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Single \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Names children/ages \_\_\_\_\_

Have you ever been a volunteer before?    Yes            No

If yes, where/when?

\_\_\_\_\_

How did hear about Hope House?

\_\_\_\_\_

Why would you like to volunteer to work with teen mothers and their children?

\_\_\_\_\_

Are you willing to make a one year commitment to Hope House? \_\_\_\_\_

Do you have a particular skill, or do you own/manage a business that we could partner with? (i.e. hair salon, print shop, auto mechanic, carpet cleaning etc.)

\_\_\_\_\_

Do you have professional training we should have knowledge of?

\_\_\_\_\_

What are your expectations from volunteering for Hope House? \_\_\_\_\_

\_\_\_\_\_

If you attend church, what church do you attend?

\_\_\_\_\_

What are your expectations from volunteering for Hope House? \_\_\_\_\_

\_\_\_\_\_

**Contact in case of an emergency:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_

Have you ever had a driver's license in another state, if so where? \_\_\_\_\_

Has your driver's license ever been suspended or revoked? Yes No  
If yes, please explain: \_\_\_\_\_

Do you have proof of insurance? Yes or No

**Personal References:**

List three personal references and include their address and phone numbers.  
Please no relatives.

1. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Numbers: Day \_\_\_\_\_ Evening: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Numbers: Day \_\_\_\_\_ Evening: \_\_\_\_\_

3. Name : \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Numbers: Day \_\_\_\_\_ Evening: \_\_\_\_\_

If under 18:

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Legal Guardian (if not biological parents):  
\_\_\_\_\_

**Employment Description:**

Present Employer: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Current Position: \_\_\_\_\_

Duties \_\_\_\_\_

List your employers (most recent first)

Dates of employment

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

**Volunteer Hours:**

What times are you available for volunteer service?

MON. \_\_\_\_\_ TUE. \_\_\_\_\_ WED. \_\_\_\_\_ THUR. \_\_\_\_\_ FRI. \_\_\_\_\_

SAT. \_\_\_\_\_ SUN. \_\_\_\_\_

Mornings \_\_\_\_\_ Afternoon \_\_\_\_\_ Evenings \_\_\_\_\_

Various/flexible Hours - Please describe: \_\_\_\_\_

I hereby affirm that all the information provided is true to the best of my knowledge. I understand that any false information or misleading information on the application will be grounds for this application process to be terminated.

I understand that any information obtained by Hope House during the application process will remain confidential.

I certify that I have made no willful misrepresentations or omissions in this application, and that the entries made by me above are true, complete and correct to the best of my knowledge. Any willful misrepresentations or falsification of this application will cause my disqualification for participation in the projects and/or immediate termination if discovered later.

The Volunteer Coordinator will advise you if additional training is required. Hope House of Colorado reserves the right to decline any volunteer application.

Date \_\_\_\_\_

Signature \_\_\_\_\_

**Office Use Only**

Background check \_\_\_\_\_

Database \_\_\_\_\_

Training \_\_\_\_\_

First volunteer Opportunity \_\_\_\_\_

Last Volunteer Opportunity \_\_\_\_\_

## Part Two

(Please type or print; use a separate sheet if necessary)

Name \_\_\_\_\_ Date \_\_\_\_\_

What things have given you the greatest satisfaction? What has been the biggest disappointment?

Describe your support system husband/wife/significant others. How do they feel about your volunteering and the time it will require?

Describe your temperament. What do you like best about yourself? What would you improve?

Are there any areas of the ministry or working with teen moms that concerns you or makes you feel uncomfortable?

Describe your use of alcohol and or drugs?

Are you involved or have you ever been involved in alcohol/drug rehabilitation?

What is your current state of health? Do you smoke? Do you have a physical impairment that we should be aware of?

Have you ever been a victim of physical, sexual or emotional abuse? Have you ever been exposed to an incident of child abuse or neglect? Please explain:

What do you want to get out of a volunteer experience?



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## VOLUNTEER OPPORTUNITIES

Hope House offers many ways for volunteers to get involved!  
Please check the following activities that you are interested in:

- Babysitting
- Transportation
- Tutor
- Teach a Life Skills class
- Under \$20 Club
- Gift Card Club
- Office work/mailings/run errands
- Support Volunteer
- Computer/Web skills/Social Networking
- Projects
- Lawn care
- House Maintenance
- Car Maintenance
- Prayer Team
- Welcoming/Birthday Committee
- Mentoring Program
- Fund Raising
- Host Small Events - dessert
- Medical/Dental/Vision/Hair Care/Printing
- Attend Saturday Field Trips
- Join The HH Board/Committee
- Meal Planner

**NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**YOUR GIFTS AND TALENTS:** \_\_\_\_\_