



APPLICATION FOR VOLUNTEERS

Date of Application _____

Please complete and email to: volunteer@newhopeinc.org

Name _____
Last First Middle

Address _____
Street City State Zip+4

Telephone (____) _____ Birth Date ____/____/____ (to complete criminal background check)

Email Address _____ Primary Language Spoken _____

How did you hear about New Hope Center, Inc?

On what date would you be available for volunteering? _____

Hours you would be available for volunteering? _____

What is your reason for volunteering?

Preferred volunteer areas? _____

Do you have any physical limitations? [☐] Yes [☐] No (Please check one)

If yes, please explain.

Do you have a valid Wisconsin Driver's License? [☐] Yes [☐] No (Please check one)

What is your valid Driver's License number? _____

List professional, trade, business or civic activities, and offices held.

(You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.)

Give name, address, telephone number and relationship of two references not related to you and whom you have known for at least one year.

1. _____

2. _____

new hope center, inc

443 MANHATTAN ST • PO BOX 189 • CHILTON, WI 53014 • PH: 920-849-9351 • FAX: 920-849-9351 • www.newhopeinc.org

EMERGENCY CONTACT INFORMATION

Name _____
Last First Middle

Address _____
Street City State Zip+4

Home Telephone (_____) _____ Cell Phone (_____) _____

Work Telephone (_____) _____

Relationship _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application to include a criminal background check and driving record through the DMV.

Signature of volunteer _____ Date _____

If under the age of 18 and volunteering with clients, parental permission is required.

Print Name Relationship Date

Signature Home Telephone Cell Phone

Email Address

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