



# APPLICATION FOR VOLUNTEERS

Date of Application \_\_\_\_\_

Please complete the form

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

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

Telephone ( \_\_\_\_ ) \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (to complete criminal background check)

How did you hear about New Hope Center, Inc?

\_\_\_\_\_

On what date(s) would you be available for volunteering?  
\_\_\_\_\_ — \_\_\_\_\_

Hours you would be available for volunteering?

- Day
- Evening

What is your reason for volunteer?

\_\_\_\_\_  
\_\_\_\_\_

Preferred volunteer areas?

- With Client
- Without Client
- Other

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

If yes, please explain.

\_\_\_\_\_

new hope center, inc

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

Do you have a valid Wisconsin Drivers License?    [     ] Yes    [     ] No    *(Please check one)*

What is your valid Driver's License number? \_\_\_\_\_

List professional, trade, business or civic activities, and office held.  
*(You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.)*

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## REFERENCES

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. \_\_\_\_\_

Name	Relationship	
_____		
Telephone Number		
_____		
Street Address		
_____		
City	State	Zip

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

Name	Relationship	
_____		
Telephone Number		
_____		
Street Address		
_____		
City	State	Zip

## EMERGENCY CONTACT INFORMATION

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

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

Home Telephone ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_ ) \_\_\_\_\_

Work Telephone ( \_\_\_\_ ) \_\_\_\_\_

Relationship \_\_\_\_\_

Are you over 18? [ \_\_\_\_ ] Yes [ \_\_\_\_ ] No *(Please check one)*

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

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

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

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.

My child has permission to volunteer at New Hope Center, Inc.

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