



Volunteer Form

Contact Information

Full Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

Times available to volunteer:

Day Available	Time Available
Tuesday	
Wednesday	
Thursday	
Friday	
other	

Interests

Tell us in which areas you are interested in volunteering

Bike Mechanic		Front Desk		Mother Baby Baskets Prep.	
Bike Drive		Floater (cross-trained in multiple areas)		Fundraising Events	
Board Member		Sharing Christmas		Cleaner	
Clothing Ministry		Faith Community Nurse		Newsletter Prep.	

Clothing Drive		Health Cabinet Member		Prayer Ministry	
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How did you hear about Center of Hope? Why do you want to volunteer here?

Special Skills or Qualifications: (If Nursing please summarize nursing experience and if you hold a current license

Name of congregation you attend regularly:

Name of a Pastor that could give you a reference:

Any Other Information

Any information about you, your ability to volunteer, or need to know information.

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Statement of Faith

Center of Hope is a 501(c)3 non-profit agency that promotes a personal relationship with Jesus Christ as Lord and Savior. Volunteers are asked to respect this statement as a volunteer, but personal belief is not required. Our full statement of faith is available upon request.