**Group Volunteer Application Form**



23 S. Idlewild St.

Memphis, TN 38104

(901) 272-2702

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

**Grace Weil**

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(901) 272-2702 x 214

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gweil@hopehousememphis.org

Office Hours:

Mon-Fri 9am-4pm

Please fill our each field clearly and fax or email to:

Grace Weil

gweil@hopehousememphis.org

Fax: (901) 722-9520

Incomplete applications will not be processed

Name of Group: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text. Zip:

Groups must identify a Group Coordinator that is responsible for the safety and well being of group members:

* To provide coordination and supervision for group while volunteering
* To ensure all members adhere to Hope House rules and procedures

Contact Person Name: Click here to enter text.

Primary Phone: Click here to enter text. Cell Phone: Click here to enter text.

Email of contact \*: Click here to enter text.

(\*Hope House has my permission to contact me via email at the above address)

 **Group Information**

 Age Range of Volunteers: Click here to enter text.

 Are there special needs of this group that would be helpful for us to know about to make the most of this volunteer experience? [ ] Yes Click here to enter text. [ ] No

 Has the group and/or advisor had previous experience working at Hope House?

 [ ] Yes Click here to enter text. [ ] No

 Number of volunteers: Click here to enter text.

 Please describe your group and its focus:

**Education** (Please complete for school groups only)

School Level: [ ] Middle School [ ] High School [ ] College [ ] Graduate School

Please list the school that the group attends:

Click here to enter text.

We need volunteer hours for school/college credit:Choose an item.

If yes, how many? Click here to enter text.

**Employment** (Please complete for corporate groups only)

Company/Organization: Click here to enter text.

Department: Click here to enter text.

**How did you hear about volunteering at Hope House?**

Please check which one applies:

[ ] A Hope House employee or volunteer. Name: Click here to enter text.

[ ]  Hope House Wesbite [ ] School/College [ ]  Newspaper [ ] Work [ ] Other: Click here to enter text.

Please describe why you are interested in volunteering at Hope House:

**Project Information**

* Volunteer projects are available on weekends at the schedule and discretion of Hope House staff.
* Projects that involve Hope House children are available on weekdays from 9am-noon, and 2pm- 4pm.

*One Time Volunteer Opportunity:*

Please list desired date(s) and time(s) of volunteer opportunity:

Project proposal:

Group volunteer dates are not final until confirmed by Hope House staff.

*Regular or Ongoing Volunteer Opportunity:* [x] Weekly [ ] Monthy [ ] Annually [ ] On Call

Project Proposal:

Are there any physical, age, or other limitations that we should consider when assigning a project to your group?

 Click here to enter text.

Please select any additional “experiences” you would like included in your volunteer project:

[ ] Tour [ ] Time with Children (in addition to project time. \* Not available on weekends)

[ ] HIV 101 (hour-long course in HIV basics)

[ ] Meeting with staff member other than volunteer coordinator. If yes, who? Click here to enter text.

**Make your volunteer effort twice as nice!** Is your group being compensated by your organization for its volunteer time? If so, do you know if your employer has a gift matching program?

Click here to enter text.

Did you know that group volunteering isn’t the only way for organizations to make a difference at Hope House? Hope House offers many different types of partner opportunities that can be customized according to the specific needs of an organization. Would you be interested in learning more about opportunities to partner with Hope House?

Click here to enter text.

Please read the following carefully:

**Group Volunteer Policy**

* Group projects must have a minimum of 5 individuals.
* Volunteers must be at least 12 years old.
* For volunteers under the age of 18 you must provide a 1:5 adult to youth ratio.
* Group volunteers must identify a Group Coordinator that is responsible for the safety and well being of group members:
	+ To provide coordination and supervision for group while volunteering
	+ To ensure all members adhere to Hope House rules and procedures
* It is the responsibility of the coordinating group to obtain a signed parental consent form for group members under the age of 18, which must be brought to the project day by the Group Coordinator who will retain them in case of emergency.
* Hope House is a tobacco free zone, smoking or the use of other tobacco products is prohibited.
* Hope House reserves the right to reject a volunteer for any reason which Hope House, in its sole judgment, determines will or may affect the best interests of Hope House. Furthermore, Hope House reserves the right to withhold the reason(s) for such refusal.
* Hope House cannot guarantee volunteer placement. Hope House will, however, make every effort to match volunteer applicants to volunteer opportunities based on the needs of Hope House and the interests and abilities of the volunteers.
* Housing and/or food is not provided for volunteers. Groups are welcome to bring food to Hope House to eat.

*Application Information:*

I certify that all information in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal, if discovered, at a later date.

 Signature of Group Coordinator

Click here to enter text.

 Date:

 Click here to enter text.

**Each participant will need to sign and submit the following confidentiality agreement. Agreements can be submitted at time of volunteer project.**

*Confidentiality Agreement*

I understand that the confidentiality of the identity of and information concerning any child or family of Hope House Day Care Center, Inc. must be maintained at all times. No information concerning a client may be released to anyone, including spouse and family members, without their express written consent.

My signature on this statement indicates that I have read the policy on confidentiality and that I understand and agree to abide by the provisions and procedures established. I understand that my failure to abide by these provisions is subject to my disciplinary measures including termination, and may subject me to civil and/or criminal penalties brought about by an aggrieved party.

In the event that I shall no longer be a volunteer at Hope House Day Care Center, Inc. I agree to continue to abide by this agreement and understand that the disclosure of any confidential information may subject to civil and criminal liability.

Volunteer Signature: Click here to enter text.

Date: Click here to enter text.

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