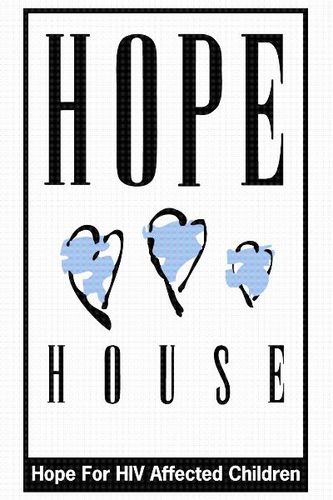
**Volunteer Application Form**



23 S. Idlewild St.

Memphis, TN 38104

(901) 272-2702

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

**Abby Gardner**

Volunteer Coordinator

Phone:

(901) 272-2702 ext. 215

Fax:

(901) 722-9520

Email:

[agardner@hopehousememphis.org](mailto:agardner@hopehousememphis.org?subject=Volunteer%20Question)

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

Abby Gardner

[agardner@hopehousememphis.org](mailto:agardner@hopehousememphis.org)

Fax: (901) 722-9520

**If you are selected as a volunteer, you will receive more information about our background check process.**

Date: Click here to enter text. Name: Click here to enter text. Female Male

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

Address: Click here to enter text.

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

Birthdate (optional): Click here to enter text.Email\*: Click here to enter text.

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

**Emergency Contact**

Name: Click here to enter text. Relationship: Click here to enter text.

Phone: Click here to enter text.

**Education** (Based on your current level of education):

Completed: High School Some College College Graduate School

If applicable, please list the college that you are attending now:

Click here to enter text.

If applicable, please denote what academic year you are in currently:

Freshman Sophomore Junior Senior Other: Click here to enter text.

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

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

**Employment:**

Current Employer: Click here to enter text.

Position: Click here to enter text.

**Medical History**

Do you have a medical condition which may place you at increased risk of acquiring an infectious disease? (Immunodeficiency condition, or are you taking immunosuppressive drugs like steroids or prednisone?)

Yes Click here to enter text.No

Do you have any contagious diseases? Yes Click here to enter text.No

**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 Website School/College  Social Media or News Outlet Work Other:

Click here to enter text.

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

**Interests/skills/experience:**

Would you prefer to volunteer:

With children: Infants (6 weeks- 18months) Toddlers (18 mths-3 yrs.) Preschoolers (3-5yrs.)

Buddy-Up Program \* Will require additional application materials

Assorted Maintenance Development Committee Education/Outreach

In support areas- please denote which specific department: Click here to enter text.

Pease list your current volunteer roles with location (if any) and list your previous volunteer roles:

**Availability:**

(Please mark the day(s) and/or shift(s) that you would be available to volunteer:

\*We ask that all volunteers work a minimum of 1 hour per week

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| 8:00 am -9:00 am |  |  |  |  |  |
| 9:00 am – 10:00 am |  |  |  |  |  |
| 10:00 am – 11:00 am |  |  |  |  |  |
| 11:00 am – 12:00 pm |  |  |  |  |  |
| 2:00 pm – 3:00 pm |  |  |  |  |  |

I am willing to make a commitment of: limited-term 3 months  6 months 12+ months\*

\*Required for Buddy-Up Volunteers

Are you available/interested in supporting Hope House at Special Events?

Yes No

**Volunteer Privacy Information and Release Authorization**

Please list three references of people who know you well, other than relatives, preferably for whom you have worked in either a paid or volunteer capacity. If you are currently working, either paid or as volunteer, please include the name of your supervisor.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Email Address** | **Phone** | **Relationship** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

Please read the following carefully:

*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.

*References:*

I understand that Hope House requires information from me to evaluate my qualifications for volunteer service.

I authorize and release personal references, employers (past and present), and if necessary, other applicable entities to answer questions in regards to volunteer work, employment, ability, and character.

*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.

Applicant Signature: Click here to enter text.

Date: Click here to enter text.

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