



HOUSE *of* HOPE[®]

MARYLAND

Healing Teens • Restoring Families • Transforming Communities

VOLUNTEER APPLICATION

Date:

Full Name		
Current Address		
City	State	Zip Code
Previous Address (continue on back if additional room is needed)		
Telephone Number:	Email Address	M or F DOB
Current Employer (name of company, supervisor and telephone number)		
How did you hear about House of Hope Maryland?		
Please provide a brief summary of why you would like to volunteer with House of Hope Maryland:		
Please describe any past volunteer work you have served in:		

Please describe any skills, experience, employment or training that would enhance your volunteer work:

Service Opportunities at House of Hope Maryland?

The following are some common volunteer opportunities within our organization. Please circle areas of interest.

Intercessory Prayer Tutor - Math English Science Lead Worship and/or Share Lesson at Chapel

Teach Life Skills Class (cooking, finances, etiquette, use of tools etc.) Email Communication/Social Media

Office/Administrative Work Public Relations/Fundraising/Events Grant Writing

Other:

What hobbies, skills, special interests, other languages spoken or qualities do you have that may be relevant in your volunteer role?

Days and times you are available to volunteer? Length of commitment?

Please list two non-related references (one personal & one professional)

Name:	Name:
Address:	Address:
Telephone number:	Telephone number:
Email:	Email:

Church you currently attend and how long you have attended.

Have you ever been arrested for a criminal charge? If yes, please explain.

Have you ever been involved in a civil dispute or filed for bankruptcy? If yes, please explain.
Have you ever been involved in drug or alcohol abuse? If so, please explain.
Do you have any special needs / physical limitations you would like to share with us?
Any additional comments?
Emergency contact – name, telephone number, relationship, address:

- I understand this is a volunteer position with House of Hope Maryland and I will not be compensated for my time or my mileage (unless specified).
- I understand that a Background Check will be conducted which may include, but not limited to: a criminal and civil record search, contacting references, contacting current and previous employment, contacting current and previous places where I have volunteered and contacting other names / agencies that are developed during the Background Check.
- I understand I may be required to complete a CPS Background Clearance and have it notarized.
- I understand that if I deal directly with students, HOHMD may require me to be fingerprinted to conduct a nationwide criminal record search and that I will be responsible for the fee for this.
- I also understand that I or a House of Hope Maryland staff member can terminate this volunteer role at any time if necessary.
- I certify that all information is true and has been given voluntarily. I understand this information may be disclosed to any party with legal and proper interest. I release House of Hope Maryland from any liability whatsoever for supplying such information.

Signature

Date

Date Application Received

House of Hope Maryland Representative