

COMMUNITY HOPE CENTER, INC.

VOLUNTEER APPLICATION

Date: _____

Personal:

Name: _____ Birthdate: _____ Soc. Sec. # ____ - ____ - ____

Address: _____ City: _____ State: ____ Zip: _____

Telephone: Home: _____ Work: _____ Other: _____

Positions Desired: _____

In what ways are you willing to help? _____

Educational Background:

Type of School	Years Attended	Major Study	Degree
High School			
College			
Graduate School			
Business or Tech			

Volunteer Activities:

Organization	Offices Held	Duties	No. of Years

Training Taken:

Course Name	Sponsoring Organization	Date

Employment Experience:

Date Employed	Employer	Position	Supervisor	Telephone

PLEASE FILL OUT FORM COMPLETELY. THANK YOU.

Special skills you possess: _____

Do you feel comfortable being around and working with the poor? Yes No

What church do you attend? _____

Do you attend church regularly? Yes No

Have you ever volunteered at the Hope Center previously? Yes No

REFERENCES: (Please DO NOT list relatives.)

Name	Address, City, State, Zip	Relationship

CHECK VOLUNTEER ACTIVITIES YOU WOULD LIKE TO DO:

- Sorting & Hanging Clothes -
- Food Handler -----
- Office Work -----
- Food Pick-Up Driver -----
- Other (please specify) -----
- Bible Counselor -----
- Fund Raising -----
- Sports League -----
- Building Maintenance
- Grounds Maintenance

Approximately how many hours are you able to volunteer per week? _____

Days of the week you are available: _____

(Signature)

(Date)

Return this Application to: Community Hope Center, Inc.
P. O. Box 124
Cottage Hills, IL 62018-0124

OFFICE USE ONLY:

Date of Interview: _____ Date Reference Secured: _____

Comments by Director: _____

