



## Volunteer Application Form

All information gathered will be kept confidential and will be used only by Home of Hope.  
Please print clearly.

### **GENERAL INFORMATION**

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Preferred contact method: \_\_\_\_\_

### **APPLICANT PROFILE QUESTIONS**

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Have you ever been employed by, or volunteered with, Home of Hope?  Yes  No

If yes, please specify where, when, and your position or role.

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How did you hear about the volunteer program at Home of Hope?

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Describe your main reasons for wanting to volunteer:

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Indicate the type of volunteer work that interests you. (Check all that apply.)

Direct Contact with Sponsors  Clerical/Office/Administration

Fundraising  Projects/Research  Special Events

Computer Work  Other (please specify): \_\_\_\_\_

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What is your availability? (Check all the times that you are available)

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Can you provide a resume? Yes Attached No

If not, please provide a list of your work experience:

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Are you currently employed? Yes No

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

What special skills, training or qualifications do you have that you would like to use in your volunteer role (e.g., accounting, computer, social media)?

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Which computer software programs do you have experience working with?

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Language:

\_\_\_\_\_  Speak  Read  Write

\_\_\_\_\_  Speak  Read  Write

\_\_\_\_\_  Speak  Read  Write

I certify that the information in this application is correct and complete to the best of my knowledge.

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Signature of applicant

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Date