



VOLUNTEER APPLICATION

Office Notes

Spoke with on phone _____
 Met in person _____
 Meeting scheduled _____
 Added to database _____
 Start date: _____/2015
 GF Training _____
 Bkgd Check ordered _____
 Bkgd Check received _____

Business Office: 544 Mayo Avenue, Maitland FL 32751
Phone 407.331.3059 ext. 15 Fax 407. 331.3063

Name as it appears on Driver's License

_____] _____] _____
First, Middle, Last

Mailing Address _____

City _____ State _____ Zip Code _____

Phone: Cell _____ Home _____ Work _____

Emergency Contact _____ Emergency Phone # _____

Email Address: _____

How did you hear about New Hope for Kids? _____

Why would you like to volunteer with New Hope for Kids? _____
 Please continue on the back if needed

Is this community service? If yes, why is community service required? _____

If in School, please list Name of School _____

Occupation (If retired, what kind of work you have done in the past?) _____

Volunteer History _____

Languages Spoken _____

What are your strengths, special talents or abilities? _____
 Please continue on the back if needed

PLEASE CHECK TYPE OF VOLUNTEER WORK IN WHICH YOU ARE INTERESTED:

- Grief Facilitator**
1 yr commitment, pre-interview and 18 hour training prior to working with Children
- Maintenance Facility
- Gardening/Landscaping
- Fund-Raising/ Auction Item Solicitor
- Health Fairs + Festivals
- Wish Assistant/Grant Wishes
- Monthly Kids/Family Events
- Provide Entertainment
- Office/Mail-Outs/ Computer data
- Child Care
- Cookie Baking
- Center Helper
- Special Events Asst.

DATE AVAILABLE TO VOLUNTEER: _____

Preference: Days Evenings After 5:00 pm Weekdays (Mon-Fri) Weekends (Sat/Sun)

New Hope for Kids Volunteer Profile Sheet

Name: _____			
Last	First	M.I.	
Current Address _____			
City	State	Zip	#Years
Previous Address _____			
City	State	Zip	#Years
Birthdate: Mo. Day. Yr.		Social Security #:	
Ethnic Group:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Please identify any physical/medical or other condition which might affect your ability to participate as a volunteer: _____			
Prescribed Medications (currently used):			
Do you have transportation? <input type="checkbox"/> Y <input type="checkbox"/> N		Drivers License #:	
Auto Insurance Company:		Auto Ins. Policy #:	
<u>Personal Reference 1:</u>		<u>Personal Reference 2:</u>	
Name _____		Name _____	
Business Phone _____		Business Phone _____	
Address _____		Address _____	
_____		_____	
Years Known ____ Relationship _____		Years Known ____ Relationship _____	

Additional space to write information from page one:

**ALL APPLICANTS BETWEEN THE AGE OF 16 AND 18 MUST COMPLETE
INFORMATION BELOW AND INCLUDE PARENT OR LEGAL GUARDIAN'S SIGNATURE.**

Parent/Guardian Name(s) _____

Address (if different from front) _____

Home Phone _____ Work Phone _____ Emergency Phone _____

My child, _____, has my permission to participate as a New Hope for Kids Volunteer. I hold harmless and agree not to hold New Hope for Kids, responsible for any accident or illness involving my child. The agreement shall be construed and regulated under and by the laws of the State of Florida.

Parent or Legal Guardian' Signature _____

Date _____

Grief Facilitator APPLICANTS ONLY

Why would you like to become a grief facilitator?

Describe your experience with children and teens (volunteer, professional, personal).

Do you foresee anything that may prevent you from fulfilling your one-year commitment or duties as a volunteer for New Hope for Kids?

Have you ever been convicted of a crime? If so, please explain.

I would like to become a Volunteer Grief Facilitator. *I understand this commitment requires 18 hours of training at a cost of \$35.00.*

Signature _____

Date _____

COMMENTS:

Due to the nature of NHFK's programs, we reserve the right to reject or accept potential volunteers.



Volunteer Inquiry Release

As a volunteer for New Hope for Kids:

Int ___ I understand if accepted as a volunteer, that this information will be accessed periodically for review purposes while I'm volunteering. I also understand that information may be accessed up to thirty (30) days after separation from the Volunteer Department.

Int ___ I authorize, without reservation, any party or agency contacted by New Hope for Kids to furnish the above-mentioned information in accordance with all federal and state laws. I understand to aid in the proper identification of my file or record the following information, as well as other information, is necessary.

Int ___ I fully understand that all work performed for New Hope for Kids, Inc is unpaid and I will not be reimbursed for my time, or gifts to the Agency – and by signing this agreement I will hold harmless the New Hope for Kids, its Board of Directors, management staff, employees, and volunteers from any and all liability in the event of damage to any personal property while I am at the Agency, or participating in any activities, events, errands, or other duties for the Agency.

Grief Facilitators + Child Care Only

Int ___ I understand that background inquiries will be conducted from various federal, state and other agencies which maintain records of my past activities relating to driving, previous employment, criminal convictions, workers' compensation and professional standing, if applicable.

Signature: _____ Date _____