



**VOLUNTEER APPLICATION**

**Office Notes**

Spoke with on phone \_\_\_\_\_  
Met in person \_\_\_\_\_  
Meeting scheduled \_\_\_\_\_  
Added to database \_\_\_\_\_  
Start date: \_\_\_\_\_/2017  
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 #:	
<b><u>Personal Reference 1:</u></b>		<b><u>Personal Reference 2:</u></b>	
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 \_\_\_\_\_