

**New Hope Volunteer Application  
Class B**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Male \_\_\_\_\_ or Female \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birth date: (Month, day, year) \_\_\_\_\_

Email address: \_\_\_\_\_

**I would like to volunteer with:** (Circle as many below that apply to you.)

Carroll Bargain Shoppe      Coon Rapids Bargain Shoppe      Manning Bargain Shoppe      Perry Bargain Shoppe

Activity Building Areas      Church Driver/Companion      Recreation      NH Work Areas

One to One      Horticulture/Gardening      Special Events

Other: Please Describe: \_\_\_\_\_

**Will you be able to commit to a regular type of schedule? YES or NO**

IF NO, then please list when you would be available: \_\_\_\_\_

**IF YES, THEN: Days of the week that I prefer to volunteer:** \_\_\_\_\_

Weekly, Alternating Weeks, Seasonal, or Other: \_\_\_\_\_

Mornings, Afternoons, or Evenings?: \_\_\_\_\_

1. Do you have any previous work experience with persons who are mentally or physically disabled? Explain:  
\_\_\_\_\_
2. Do you have any previous volunteer experience in other areas? Explain: \_\_\_\_\_  
\_\_\_\_\_
3. Are you related to or acquainted with any client of New Hope? Name & Relationship: \_\_\_\_\_  
\_\_\_\_\_
4. Do you have any friends or relatives working at New Hope? Name & Relationship: \_\_\_\_\_  
\_\_\_\_\_
5. Do you have any medical problems or physical restrictions that we should be aware of? \_\_\_\_\_  
\_\_\_\_\_
6. Do you take any medication that we should be aware of? \_\_\_\_\_  
\_\_\_\_\_
7. Do you have any hobbies, skills, talents, or interests that may be useful or of interest to New Hope? Explain:  
\_\_\_\_\_
8. Educational background or certifications that will be useful in your service to New Hope : \_\_\_\_\_  
\_\_\_\_\_
9. If you are a student, please list your school and current grade level: \_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information:** (This person can be contacted in the event of an emergency.)

Emergency Contact Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone during your work shift: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

**OTHER THAN RELATIVES, list one personal reference. (Use employer, former employer, school, church, civic group, New Hope employee, etc.)**

I am authorizing New Hope to contact them in reference to my volunteer application.

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

**Volunteer's Background/Security Check (REQUIRED)**

Please answer the following questions (circle your response):

- Do you use illegal drugs? Yes    No
- Have you ever been convicted of a criminal offense? Yes    No
- Have you ever been charged with neglect, abuse or assault? Yes    No
- Has your driver's license ever been suspended or revoked? Yes    No

If you answered yes to any of the above questions, please explain: \_\_\_\_\_

**AGREEMENT**

I certify that the information provided on my application is true and complete to the best of my knowledge. I have not withheld any information that could affect my application unfavorably, if included. I understand that New Hope may refuse to allow me to volunteer if I provided any incorrect information or omission. I understand that my volunteer service can be modified or terminated without notice or cause, at any time.

I HAVE READ AND UNDERSTAND THIS DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**For office use only:**

**CLASS B CHECK:**

Reference check completed on (date): \_\_\_\_\_ Results: \_\_\_\_\_

Volunteer's Starting Date: \_\_\_\_\_ Client or Area: \_\_\_\_\_

Database Entry on (Date): \_\_\_\_\_ By: \_\_\_\_\_

Orientation completed on (Date): \_\_\_\_\_ By: \_\_\_\_\_

Statement of Confidentiality & Training Acknowledgement Signed and given to Privacy Officer on (Date): \_\_\_\_\_ By: \_\_\_\_\_

Revised: 08-28-01  
Revised: 2-14-06, 6-2006, 7-2011, 2-2013