



# VOLUNTEER APPLICATION

Mr.  Mrs.  Miss  Ms.  Rev.  Dr.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
(Last Name)

\_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(Middle Initial)

**Preferred Business/Home Mailing Address (Include number, street, city, state and zip code):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Home**  
Phone: \_\_\_\_\_

**Business**  
Phone: \_\_\_\_\_

**Cell**  
Phone: \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**List any skills, hobbies or interests that might be helpful in your volunteer service:**

\_\_\_\_\_  
\_\_\_\_\_

**Check volunteer opportunities you would like to participate in:**

**CLASS ROOM ACTIVITIES**

- Motor Recreation
- Arts & Crafts
- Home Planning
- Reading, Playing Games, Singing, etc.

**VOCATIONAL CENTER**

- Supported Employment Shadowing
- Contract Work Assistance

**'EXCELLENCE OF APPEARANCE' ACTIVITIES**

- Landscaping
- Mowing
- Washing Transportation Vehicles
- Cleaning Wheelchairs & Adaptive Equipment

**OFFICE ACTIVITIES**

- Filing
- Copying
- Archiving
- Bulk Mailing

**FUNDRAISING ACTIVITIES & SPECIAL EVENTS**

- Spring Luau
- Golf Classic

**Weekly availability and preferred time?**

<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
8:30am – 2:30pm	8:30am – 2:30pm	8:30am – 2:30pm	8:30am – 2:30pm	8:30am – 2:30pm
Start: End:	Start: End:	Start: End:	Start: End:	Start: End:

**Is it necessary for you to limit your physical activity in any way?**

Yes  No

**If yes, what is your limitation?**

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**Are you a licensed driver?**  Yes  No

**If yes, list any special endorsements, classifications o restrictions:** \_\_\_\_\_

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**List previous experiences** (volunteer, paid, or educational training):

<b>Activity</b>	<b>Organization</b>	<b>Date</b>

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**Please give the name and number of person(s) who should be notified in the event of an emergency:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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**I understand that the above information is voluntarily supplied and may be used and disclosed for Dawn of Hope, Inc. purposes and, as a Dawn of Hope, Inc. volunteer, I will not be paid for my services.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)