

Heart of Hope Volunteer Application Form

Thank you for your interest in volunteering with *HOH Leadership*

Personal Information

Name: _____ Male Female Birth-date: _____
Month / Day / Year

School _____ Grade _____

Address: _____

Telephone:(Home) _____ (Mobile) _____

E-Mail: _____

Parents Information

Parent Name: _____ Father Mother

Parent Cell Phone: _____ E-Mail: _____

If you are involved with us as a volunteer and an emergency arises, whom should we contact?

Name: _____ Phone Number: _____ Relationship: _____

Your Skills and Interests

1. Have you ever done any voluntary work before? Yes No
If you answered yes, please tell us a little about the experience.

2. Why do you want to volunteer now? What has motivated you to get in touch with us?

3. Do you have any particular skills or qualities that you could use in your voluntary work?

4. What kind of voluntary work interests you?

- Management
- Parents Association
- Organization Based Activities
- Project Based Volunteering
- Other

5. How did you find out about volunteering with HOH Leadership?

Referred by: _____

6. Is there any additional information you would like to bring to our attention?

I declare that the information I have provided is true. All my actions as a volunteer will reflect the ethics of HOH and I agree that being Child Centered will be central to my role.

Signed _____ Date _____

For office use only	Notes
Volunteer Position _____	
Volunteer Role Description sent _____	
References Collected _____	
Volunteer Start Date _____	