

**New Hope Village 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	CES Work Areas
Activity Building Areas	Church Driver/Companion	Recreation	Special Events
One to One	Pet Therapy	Horticulture/Gardening	

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 Village? Name & Relationship: _____
4. Do you have any friends or relatives working at New Hope Village? 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 Village?
Explain: _____
8. Educational background or certifications that will be useful in your service to New Hope Village: _____
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 Village 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