HopeHall
SCHOOL

*Connecting Children. Creating Community. Changing Lives.*

## VOLUNTEER APPLICATION

Please return to Advancement Department, Hope Hall School, 1612 Buffalo Road, Rochester NY 14624
Development@HopeHall.org

| |
|---|
| **Today's Date:** |
| **Name:** |
| **Address:** |
| **City, State, Zip:** |
| **Phone Number: Home:** **Cell:** |
| **E-Mail Address:** |
| **Birthdate:** **(no year needed)** |
| **Vehicle Make & Model (e.g., Honda Accord)** |
| **License Plate #** |
| |
| **How did you learn about Hope Hall?** |
| |
| **What are the best days of the week for you to volunteer?** |
| |
| **What times of the day are you available?** |
| |
| **Volunteer Interests (please check one or more)** |
| **Art and/or Crafts** |
| **Clerical Help (Do you have experience using Word, Excel, etc?)** |
| **Gardening/Clean Up** |
| **Fundraising** |
| **Event Support** |
| **Woodworking** |
| **OTHER: Please share special talents, skills, language fluency or certifications that you have that may benefit Hope Hall** |

**EXPERIENCE: Please give examples of previous professional or volunteer experience (if any)**

| |
|---|
| **Company or Organization:** |
| **Address:** |
| **City, State, Zip:** |
| **Phone Number:** |
| **Duties:** |
| **Length of volunteer assignment:** |
| ***Use the back of form to indicate additional experience*** |
| **REFERENCES (No relatives, please)** |
| |
| **Name:** |
| **Address:** |
| **City, State, Zip:** |
| **Phone Number:** **Number of years known:** |
| |
| **Name:** |
| **Address:** |
| **City, State, Zip:** |
| **Phone Number:** **Number of years known:** |
| |
| **Name:** |
| **Address:** |
| **City, State, Zip:** |
| **Phone Number:** **Number of years known:** |
| |
| **Have you ever been convicted of a misdemeanor or felony? YES NO** |
| **Type of offense:** |
| **Explanation:** |
| |
| **EMERGENCY CONTACT INFORMATION -- Name:** |
| **Relationship:** |
| **Best phone # to reach:** |

**Please Review Authorization on page 3, sign, and date**

**Authorization:** **The facts set forth on this form are true and complete to the best of my knowledge. I understand that false statements on this form shall be considered sufficient cause for non-consideration as a Hope Hall Volunteer. By my signature, I authorize Hope Hall to complete a background check.**

**_____ I have received and read the Volunteer Guidelines.**

**_____ I understand that Hope Hall has the right to terminate the volunteer relationship for any reason at any time.**

_____ _____

**Signature** **Date**

_____

**Print Name**