



Volunteer Application

900 N. Maitland Avenue Maitland, Florida 32751
Phone (407) 599-0909 Fax (407) 599-0904

PLEASE PRINT AND COMPLETE EACH ITEM.

Name as it appears on Driver's License (First, Middle, Last)

Mailing Address _____

City _____ State _____ Zip Code _____

Phone: Home _____ Work _____ Emergency _____

Email Address: _____

How did you hear about New Hope for Kids? _____

Why would you like to volunteer with New Hope for Kids? _____

Please continue on the back if needed

Is this community service? If yes, why is community service required? _____

Occupation (If retired, what kind of work you have done in the past) _____

Volunteer History _____

Languages Spoken _____

What are your strengths, special talents or abilities? _____

Please continue on the back if needed

PLEASE CHECK TYPE OF VOLUNTEER WORK IN WHICH YOU ARE INTERESTED:

- | | | |
|-------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Children's Grief Facilitator | <input type="checkbox"/> Family Event Committee Member | <input type="checkbox"/> Grant Wishes |
| <input type="checkbox"/> Maintenance Facility | <input type="checkbox"/> Office/Mail-Outs | <input type="checkbox"/> Computer Entry |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Monthly Kids/Family Events | <input type="checkbox"/> Cookie Baking |
| <input type="checkbox"/> Fund-Raising | <input type="checkbox"/> Provide Entertainment | <input type="checkbox"/> Organize/Clean-up |
| <input type="checkbox"/> Health Fairs | <input type="checkbox"/> Auction Item Solicitor | <input type="checkbox"/> Special Events Asst. |

DATE AVAILABLE TO VOLUNTEER: _____

Preference: Days Evenings (After 5:00 p.m) Weekdays (Mon-Fri) Weekends (Sat/Sun)

PERSONAL REFERENCES

Name _____ Business Phone: _____

Address _____

Years Known _____ Relationship _____

Name _____ Business Phone: _____

Address _____

Years Known _____ Relationship _____

SIGNATURE _____ **DATE** _____

**ALL APPLICANTS UNDER 18 YEARS OF AGE MUST HAVE
PARENT OR LEGAL GUARDIAN'S SIGNATURE.**

Parent/Guardian Name(s) _____

Address _____

Home Phone _____ **Work Phone** _____ **Emergency Phone** _____

My child, _____, has my permission to participate as a New Hope volunteer. I hold harmless and agree not to hold New Hope for Kids, responsible for any accident or illness involving my child. The agreement shall be construed and regulated under and by the laws of the State of Florida.

Signature _____

FOR OFFICE USE ONLY

<i>Process Check</i>	<i>Date</i>	<i>Process Check</i>	<i>Date</i>
Start date for volunteer work		Post-interview _____ Mgr initial	
Information entered in computer (w/initial)		Job Agreement signed	
New Hope Orientation Completed		Confidentiality Agreement Signed	
Pre-interview _____ Mgr initial		Training Evaluation & Facilitator Question.	
Training complete		Volunteer Task Assignment Code	
\$35 received for Grief Facilitator volunteers		Status (A=Active; P=Potential; N=Inactive; T=Terminated)	
Background check complete			

New Hope for Kids Volunteer Profile Sheet

NAME: _____
Last First M.I.

Birthdate: Mo. Day. Yr. Sex: M F

Ethnic Group: _____

Please identify any physical/medical or other condition which might affect your ability to participate as a volunteer: _____

Prescribed Medications (currently used): _____

Do you have transportation? Y N Drivers License #: _____

Auto Insurance Company: _____

Auto Ins. Policy #: _____ Social Security #: _____

Grief Facilitator APPLICANTS ONLY

Why would you like to become a grief facilitator?

Describe your experience with children and teens (volunteer, professional, personal).

Do you foresee anything that may prevent you from fulfilling your one-year commitment or duties as a volunteer for New Hope for Kids?

Have you ever been convicted of a crime? If so, please explain.

I would like to become a Volunteer Facilitator. *I understand this commitment requires 18 hours of training at a cost of \$35.00.*

Signature _____

COMMENTS:

Due to the nature of NHFK's programs, we reserve the right to reject or accept potential volunteers.



Volunteer Inquiry Release

As a volunteer at New Hope for Kids, I understand that background inquiries will be conducted from various federal, state and other agencies which maintain records of my past activities relating to driving, previous employment, criminal convictions, workers' compensation and professional standing, if applicable.

Also, I understand if accepted as a volunteer, that this information will be accessed periodically for review purposes while I'm volunteering. I also understand that information may be accessed up to thirty (30) days after separation from the Volunteer Department.

I authorize, without reservation, any party or agency contacted by New Hope for Kids to furnish the above-mentioned information in accordance with all federal and state laws. I understand to aid in the proper identification of my file or record the following information, as well as other information, is necessary.

Signature: _____

Please Print

Print Full Name: _____
Last First Middle

Race _____ Sex _____

Social Security # _____ DOB _____

Drivers License # _____ State of Issue: _____

Professional License # (if applicable) _____

Current Address: _____ Years there: _____

City: _____ County: _____ State: _____ Zip: _____

Previous Address: _____ Years there: _____

City: _____ County: _____ State: _____ Zip: _____