



**TEACH SKILLS.
GAIN WORK.
LOVE FIRST.**

Our Mission:

"Serving Hope by teaching food service work and life skills through Christ's love."

VOLUNTEER APPLICATION

Serving Hope, Inc. Volunteer Application

All potential volunteers are required to complete an application and attend an interview prior to acceptance as a Serving Hope, Inc. volunteer. Each accepted volunteer will be provided with a training session/s, program description and resources needed prior to beginning their volunteer service. Serving Hope, Inc. reserves the right to decline a volunteer applicant for any reason at any time.

PERSONAL INFORMATION

Last Name: _____ First Name: _____ M.I. _____

Maiden Name (if applicable) _____ Birthdate / / Ethnicity: _____ (for grant purposes)

Full Address: _____ City, State _____ Zip Code: _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Email address: _____

Current place of work: _____

Current job position: _____

Please complete the following: How did you learn about the *Serving Hope, Inc.* volunteer opportunity?

- Volunteer Fair
- Former Student
- Serving Hope Board Member
- Social Media () FB () LinkedIn () Website
- School
- Current Mentor/Volunteer
- Cyn-Shea's
- Serving Hope Employee
- Other _____
- Church _____
- Cyn-Shea Employee
- Current Student
- Friend

EDUCATION AND/OR TRAINING

Please include information from college, and/or other educational training.

Institution Name	Area/Major	Years Studied

PREVIOUS MENTOR/VOLUNTEER EXPERIENCE

Please include information from your most current volunteer experiences

Institution Name	Position Held	Dates

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TIME COMMITMENT/AVAILABILITY

Fixed Schedule Need Flexible Schedule (please include times)

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	_____				
Afternoon	_____				
Evening	_____				

MENTOR INTEREST

What talent(s), gift(s) and/or skill(s) do you have that would add to your volunteering experience for our students?

- | | | |
|---|---|--|
| <input type="checkbox"/> Media Literacy | <input type="checkbox"/> Photography | <input type="checkbox"/> Playing Games |
| <input type="checkbox"/> Culture/Arts | <input type="checkbox"/> Attending Plays | <input type="checkbox"/> Going To The Movies |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Economic Literacy | <input type="checkbox"/> Arts and Crafts |
| <input type="checkbox"/> Science and Math Education | <input type="checkbox"/> Cooking | <input type="checkbox"/> Hiking/Seeing Nature |
| <input type="checkbox"/> Reading/Library | <input type="checkbox"/> Using Computers | <input type="checkbox"/> Social Skill Building |
| <input type="checkbox"/> Sports, Health and Fitness | <input type="checkbox"/> Exercise | <input type="checkbox"/> Visiting Zoos and Parks |
| <input type="checkbox"/> Youth Leadership | <input type="checkbox"/> Exploring Possible Careers | <input type="checkbox"/> Visiting Museums |
| <input type="checkbox"/> Bible Study | <input type="checkbox"/> Life Skills | <input type="checkbox"/> Networking |
| <input type="checkbox"/> Playing Sports Such As _____ | | |
| <input type="checkbox"/> Watching Sports Such As _____ | | |
| <input type="checkbox"/> Listening to Music Such As _____ | | |
| <input type="checkbox"/> Other _____ | | |

I am interested in being a Volunteer Team Leader

What individual has served as a role model for you? _____

Why? _____

If you could recommend one book for our students to read, what would it be? _____

Do you prefer working with a Male Female No Preference

Do you prefer working with a quiet, reserved student? Yes No No

Do you prefer working with an outgoing student? Yes No No

Do you prefer working with a student from a specific racial/ethnic group? Yes No No

If yes, please specify:

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ADDITIONAL INFORMATION

Do you speak an additional language(s)? Yes No If yes, please specify: _____

What clubs or groups, if any, do you belong to?

Your favorite subject in school was _____

Your least favorite subject in school was _____

Please list hobbies, interests, club affiliations, previous volunteer or work experience that would contribute to your experience at *Serving hope, Inc*:

Within the past 10 years, have you been convicted of any felony or misdemeanor classified as an offense against a person or family, or an offense of public indecency and/or intoxication and/or a violation involving a state/federally controlled substance? Yes No

Are you under current indictment or has a district/county attorney accepted an official complaint for any of the offenses the previous question? Yes No

If the answer is YES to either question listed above, please explain:

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CONSENT and REFERENCES

PLEASE READ and INITIAL THE FIVE STATEMENTS BELOW:
(If you have any questions please feel free to ask)

_____ I understand that I will be required to complete the volunteer program orientation and training.

_____ I acknowledge that it has been explained to me that corporal punishment; restraining or any type discipline to children/youth/students is not allowed and will not be tolerated. Any act of such kind may result in rejection of application, immediate termination of service and may be punishable by law.

_____ I grant permission to *Serving Hope, Inc.* to conduct a character reference, arrest record /criminal history background check using information I provided within this application.

_____ I understand that as a volunteer with *Serving Hope, Inc.* I am a mandated reporter.

_____ I understand that *Serving Hope, Inc.* is a NO-Tolerance Drug Free and Smoke Free workplace.

Please list four references (please include at least one family member, one personal friend and one work reference) who can speak about your volunteer/mentoring and/or work experience

Name _____
Address _____
City _____ State/ZIP _____
Phone number _____
Relationship _____

Name _____
Address _____
City _____ State/ZIP _____
Phone number _____
Relationship _____

Name _____
Address _____
City _____ State/ZIP _____
Phone number _____
Relationship _____

Name _____
Address _____
City _____ State/ZIP _____
Phone number _____
Relationship _____

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INFORMATION RELEASE

Permission to complete background check:

In completing this application to be a volunteer, I understand that *Serving Hope, Inc.* routinely performs criminal and driving record checks of all volunteers. I give permission for *Serving Hope, Inc.* to perform a check of my background, including criminal record, past employment and volunteer history, educational and professional status and personal references. I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from acceptance into the *Serving Hope, Inc.* volunteer program. I understand that information collected during this background check will be limited to that which is appropriate to determining my suitability to be a volunteer and that all such information collected during the check will be kept confidential. I understand that *Serving Hope, Inc.* provides equal volunteer opportunities to all qualified applicants without regard to race, religion, ancestry, gender, age, disability, marital status, socioeconomic status, veteran status or national origin. I hereby also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability of the described volunteer program and such other information as they deem appropriate.

I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent volunteer application forms, is grounds for dismissal.

Signature Date

I, _____, understand it will be necessary for *Serving Hope, Inc.* to conduct a background check regarding my driving record, criminal history, sex offender registry, personal references, and employment. I authorize *Serving Hope, Inc.* to obtain any needed information regarding my driving record, legal/criminal history, sex offender status, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in the volunteer program. Further, I provide permission for *Serving Hope, Inc.* to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about me may be anonymously (without my name) shared for the purpose of obtaining a grant and/or statistical reports.

Signature Date

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INFORMATION FOR BACKGROUND CHECK(S)

Full Name _____

Address: _____ City: _____ State: _____ ZIP _____

Date of Birth: ____/____/____ Social Security Number: ____/____/____

Current Driver's License No.: _____ State: _____

Please list any other cities, states, and dates of residency during the past 10 years.

City	State	From (m/year)	To (m/year)

City	State	From (m/year)	To (m/year)

City	State	From (m/year)	To (m/year)

Thank you for applying

For Serving Hope, Inc. Volunteer Program Use Only

- Applicant was referred by _____.
- Applicant was mailed/given an application packet. Date _____
- Applicant had a personal meeting/Interview with Director of Community Relations and Outreach. Date _____
- Applicant had a personal meeting with Executive Director, Board Chair, or other board member. Date _____
- Applicant's application was reviewed by the Volunteer Team Leader. Date _____
- Applicant was interviewed by the board. Date _____

Action taken by Serving Hope, Inc. volunteer staff

Helping hands, Offering opportunities for Personal growth & Empowerment

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