

NEW HOPE CENTER FOR GRIEF SUPPORT

Volunteer Application

Internal Use:
Attended Orientation: Y ___ N ___ N/A ___
Background Check: Y ___ N ___ N/A ___

PERSONAL DATA

DATE: _____

Name _____ <i>First Middle Initial Last</i>	Gender _____	Birthday _____
Address _____ <i>Number & Street City Zip</i>		
Phone _____	E-Mail _____	

What areas are you interested in volunteering? (circle all that apply)

Adult Programs	Children & Family Programs	Administrative & Community
Facilitators/Discussion Leaders	Facilitators circle (Kids or Adults)	Office Support
Speakers/Presenters	Speakers/Presenters	Community Outreach
Hospitality/Food	Hospitality/Food	Fundraising/Grant Writing
Registration	Registration	Event Planning
Program Activities	Program Activities	Marketing/Social Media
Program Leadership & Coordination	Program Leadership & Coordination	Special Service Opportunities

Why are you interested in volunteering? (use back if necessary) _____

What relevant experience or training do you have that can be beneficial? _____

What do you consider to be your strengths? _____

Availability? Mon___ Tues___ Wed___ Thurs___ Fri___ Sat___ **Time of day?** AM___ PM___ Evening___

Have you had any personal loss experience? _____

If yes, time since loss? _____ **Have you attended a New Hope Program?** Yes No

Emergency contact: _____ **Phone number:** _____

I have voluntarily provided the above information which is true and correct to the best of my knowledge. I understand that a). as a volunteer, I am a representation of New Hope's mission and my actions are to be a reflection of their values; b). certain volunteer positions are subject to a background check; and c). the services provided by the staff of New Hope Center for Grief Support are strictly support services and not professional therapy. I agree to hold harmless New Hope Center for Grief Support, their employees, volunteers, officers, directors, and hosting program partners from any claim or action I may have arising from my participation as a volunteer or involvement in any capacity.

Signature _____ Date _____