

# 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 \_\_\_\_\_ Gender \_\_\_\_\_ Birthday \_\_\_\_\_  
First      Middle Initial      Last

Address \_\_\_\_\_  
Number & Street      City      Zip

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:** \_\_\_\_\_

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I have voluntarily provided the above information which is true and correct to the best of my knowledge. I understand that a). the services provided by the staff of New Hope Center for Grief Support are strictly support services and not professional counseling; b). as a part of that support, New Hope provides follow up communication via phone and/or email. I agree to allow New Hope to use my child's photographs from this event on their website and other promotional documents as they see fit. I agree to hold harmless the hosting partner of this event, New Hope Center for Grief Support, their employees, volunteers, officers, and directors from any claim or action I may have arising from my child's participation in the event or involvement in any capacity.

I hereby release New Hope Center for Grief Support and its workers from any liability in the event of any injuries, accidents, or illnesses incurred during these programs or from taking any listed medications. I further grant my permission to New Hope Center for Grief Support, to secure emergency medical and surgical treatment and provide routine, nonsurgical care, if necessary, for the minor child named above, while attending our camp or program.

Parent/Caregiver's Name: \_\_\_\_\_

Parent/ Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency contact: Name \_\_\_\_\_ Phone: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_