

Community Hope Center, Inc.

Volunteer Application

Date _____

PERSONAL

FULL NAME _____ DOB _____

VETERAN _____ WHICH BRANCH _____

RESIDENCES SINCE 2007

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

_____ CITY _____ STATE _____ ZIP _____

_____ CITY _____ STATE _____ ZIP _____

HOME/CELL PHONE _____ WORK PHONE _____

EMAIL _____

EMPLOYMENT EXPERIENCE

VOLUNTEER EXPERIENCE

LAST YEAR OF SCHOOL COMPLETED

NAME _____ GRADE _____ DEGREE COMPLETED _____

REFERENCES (At least two and not related to you)

	<u>Name</u>	<u>Relationship</u>	<u>Phone #</u>
1.	_____	_____	_____
2.	_____	_____	_____

PLEASE LIST ANY SPECIAL TRAINING OR SKILLS THAT COULD BE OF SERVICE AT COMMUNITY HOPE CENTER

IN WHAT AREA/DEPARTMENT WOULD YOU LIKE TO VOLUNTEER?

DAYS AND HOURS OF THE WEEK YOU WOULD LIKE TO VOLUNTEER

WHY DO YOU WANT TO VOLUNTEER AT CHC?

WHAT TRAINING, RESOURCES OR SUPPORT DO YOU ANTICIPATE NEEDING IN ORDER TO VOLUNTEER AT CHC?

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ YES _____ NO

IF YES, PLEASE EXPLAIN

IN CASE OF EMERGENCY, PLEASE CONTACT

Name _____ Relationship _____ Phone# _____

1. _____

2. _____

I UNDERSTAND THAT CHC WILL CONDUCT A BACKGROUND CHECK, UNLESS ONE HAS BEEN DONE IN THE LAST 3 YEARS (PLEASE PROVIDE).

SIGNATURE

DATE

COMMUNITY HOPE CENTER
1201 HOPE CENTER LANE
PO BOX 124
COTTAGE HILLS, IL 62018
618-259-0959/618-259-2497 (FAX)
hopecenters@gmail.com

Phone: (618) 259-0959
Email: hope@hopecenters.com



1201 Hope Center Lane
P.O. Box 124
Cottage Hills, IL 62018

Business Hours
9 a.m. to 1 p.m.

Confirmation of Church Affiliation

On behalf of: _____ Date _____
(Name of Applicant)

Dear Pastor or Priest,

Community Hope Center (CHC) is a Christ-centered ministry that operates mainly through the service of faithful volunteers. We desire that our volunteers are Christ-followers and are connected with a local church. The person listed above has indicated that he/she is connected with the church you serve.

If you recommend her/him, please sign and complete the form below. Please contact me if you have any questions or would like to share more about the person.

Thank you for your assistance!

Yours in Christ,

Paul D. Militzer, Executive Director
618-259-0959
pmilitzer.chc@gmail.com

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_____ is connected to the church I serve. I recommend him/her to serve at CHC.
(Name of Applicant)

(Signature of Pastor, Deacon or Elder) *(Please print your name and title here.)*

Church Name: _____

Address: _____

City, State, Zip: _____

Office Phone #: _____

E-Mail: _____

Additional Comments:

Phone: (618) 259-0959
Email: hope@hopecenters.com



1201 Hope Center Lane
P.O. Box 124
Cottage Hills, IL 62018

Business Hours
9 a.m. to 1 p.m.

Release of Liability

I, the undersigned, in consideration of services rendered to me by the Community Hope Center in Cottage Hills, Illinois, do hereby release the COMMUNITY HOPE CENTER, INC., its officers, directors, employees, volunteers and agents from any and all claims for bodily injury, sickness or death to me, my minor children and/or other minors in my care which occur upon these premises or that are a result of items or food given to me and my family.

PLEASE PRINT

Name: _____ Birthday: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

(Please Sign Here.)

Community Hope Center PICTURE RELEASE FORM

I do hereby grant permission to Community Hope Center, its agents, and others working under its authority, full and free use of video/photographs containing my image/likeness. I understand these images may be used for our website, promotional, news, research and/or educational purposes.

I hereby release, discharge, and hold harmless Community Hope Center and its agents from any and all claims, demands, or causes of action that I may hereafter have by reason of anything contained in the photographs or video.

I do further certify that I am either of legal age, or possess full legal capacity to execute the foregoing authorization and release.

Name (please print) _____

Signature _____ Date _____

Address _____