

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

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hopecenters@gmail.com