

# Community Hope Center, Inc.

## Volunteer Application

Date \_\_\_\_\_

### PERSONAL

FULL NAME \_\_\_\_\_ DOB \_\_\_\_\_

VETERAN \_\_\_\_\_ WHICH BRANCH \_\_\_\_\_

### RESIDENCES SINCE 2007

PRESENT ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME/CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

### EMPLOYMENT EXPERIENCE

### VOLUNTEER EXPERIENCE

ARE YOU CONNECTED TO A CHURCH? \_\_\_\_\_ IF YES, NAME OF CHURCH: \_\_\_\_\_

### 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



# 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 \_\_\_\_\_