



Volunteer Application

Last Name _____ First _____ I _____

Address _____ City _____ Zip _____

Phone _____ Email _____

1. What is the main reason you would like to volunteer at The House of Promise?
2. Please share any special training/education you have in human services.
3. Do you have your own transportation to use to volunteer? Yes / No (circle)
4. The House of Promise has a dog. If you have concerns, please share:
5. Check off the top two areas of volunteering that interest you the most:
 Resident transportation
 Administrative support (filing, letters, mailing)
 House support (meal prep, grocery list making, Resident Advocate assistant, maintenance/odd jobs, gardening/grounds)
 Fundraising event support
6. What day(s) of the week are you able? Time of the day?
7. How many times per month are you able to volunteer?
8. If you have physical challenges/disabilities, please explain.

9. Do we have your consent to do a background check? Yes / No (circle)

If yes, please provide the following:

DOB _____ Driver's Lic # _____

State License Issued _____ Social Security Number _____

Signature _____ Date _____

The House of Promise Office Use:

Received by: _____ Date _____

Background check ordered: _____ Background check returned: _____

Volunteer contacted:

Comments: