



H.O.P.E. Parent Resource Center Volunteer Application Form

Having Opportunities While Parenting Effectively

Name: _____ Date: _____

Address: _____

City: _____ State _____ Zip _____ County _____

Home /Cell Phone: _____ E-mail: _____

• **ACTIVE AFFILIATION WITH CIVIC, BUSINESS OR PROFESSIONAL GROUPS:**

Organization	Dates
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a. _____

b. _____

c. _____

• **BUSINESS AND PROFESSIONAL EXPERIENCE:**

Organization	Type of Work	Dates
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a. _____

b. _____

c. _____

• **EDUCATION:**

School	Areas of Study	Degree	Date Awarded
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a. _____

b. _____

c. _____

Name: _____

- LIFESTYLE:**

Hobbies: _____

Travel: Do you travel / live out-of-state on a regular basis?

No Yes If yes, how often? _____

- Briefly describe why you would like to become a volunteer for the H.O.P.E Resource Center.**

- Please check the area(s) that you are most interested in volunteering.**

Become a Mentor to a young mom/young dad

Assist with Fundraising

Assist with Dinners for Tuesday evening "Teen Hope" program

Help in the Parent Resource Center

Serve on the Advisory Board for Teen Hope

Assist with obtaining items for Care Packages, Incentives and Program completion Gifts for Teen Hope

Provide Assistance with online Medicaid application process

Teach and provide resources for life skills, parenting or cooking classes.

Topic: _____

Assist with copy cost for brochures, educational materials and flyers.

Administrative Tasks – Grant Writing

Assist with monthly educational events (Set-Up, Sign-In, Speaker etc...)

Assist in Nursery during Tuesday evening Teen Hope Program

Provide Gift Cards to purchase food for Dinners for the "Teen Hope" program



Name: _____

I recognize that the H.O.P.E. Parent Resource Center is relying on the accuracy of the information I provide on this Volunteer Application Form. Accordingly, I attest and affirm that all information provided in this document is absolutely true and correct. I authorize the organization to contact any person or entity listed on this Volunteer Application Form, and I further authorize any such person or entity to provide the organization with information, opinions, and impressions relating to my background and/or qualifications. I voluntarily release the organization and any such person or entity listed on this H.O.P.E. Parent Resource Center Volunteer Application Form from liability involving the communication of information relating to my background or qualifications. I further authorize H.O.P.E. Parent Resource Center to conduct a criminal background investigation.

Please read this document carefully before signing.

Printed name: _____

Please provide us with any other names that you have used in the past:

Ethnicity: _____ Date of Birth: _____

Signature: _____ Date: _____

NOTE: please provide a copy of your driver license or state ID card.

To be completed Management:

Date of Police Check _____ Completed by: _____

Attach completed Police Check (CHAT)

Any issues noted: yes (list): _____ no



H.O.P.E. Parent Resource Center is a non-profit organization located at
901 South Bailey Ave., Suite 1, South Haven, MI 49090
269-872-3172

Hope Blossoms Here