VOLUNTEER APPLICATION FORM

Last Name First Name	Date of Birth
Home Address	Home Phone Number
Email Address	Cell Phone Number
Emergency Contact	Phone
List volunteer experience or any jobs you have held	
Please tell us why you wish to volunteer at Hands of Hope	

Areas of Interest for Volunteering:

( ) Service Center Volunteer ( ) Clothes Closet
( ) Driver (valid CA driver's license required) ( ) Fundraising event(s)
( ) Special projects at Service Center (general maintenance, cleaning, etc)

Confidentiality and Commitment Statement

I am volunteering my services to Hands of Hope solely for my personal purposes or benefit without promise or expectations of compensation or benefits. I understand and agree that in the performance of my duties as a volunteer at Hands of Hope, I must abide by all policies and procedures, including holding as strictly confidential all information that I may obtain directly or indirectly concerning clients. I understand that failure to comply with these requirements may result in my dismissal as a volunteer.

Signature _____ Date _____

Signature _____ Date _____
Hands of Hope Representative

( ) Tour of facility: _____

( ) DOJ clearance: _____