

NEW HOPE CENTER FOR GRIEF SUPPORT

Volunteer Application

PERSONAL DATA

DATE: _____

Name _____ Gender _____ Birthday _____
First Middle Initial Last

Address _____
Number & Street City Zip

Phone _____ E-Mail _____

What areas are you interested in volunteering? (circle all that apply)

Adult Programs (Facilitator/Speaker)

Office Support

Children & Family Programs

Fund Development

Program Administration

Special Events

Workshop/Seminar Coordination

Marketing/Social Media

Outreach/Community Development

Misc. Service Opportunities

Internal Use: Attended Orientation: Y ___ N ___ N/A ___ Background Check: Y ___ N ___ N/A ___

Why are you interested in volunteering? (use back if necessary) _____

What relevant experience or training do you have that can be beneficial? _____

What do you consider to be your strengths? _____

Availability? Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ **Time of day?** AM ___ PM ___ Evening ___

Have you had any personal loss experience? _____

If yes, time since loss? _____ **Have you attended a New Hope Program?** Yes No

I have voluntarily provided the above information which is true and correct to the best of my knowledge. I understand that a). as a volunteer, I am a representation of New Hope's mission and my actions are to be a reflection of their values; b). certain volunteer positions are subject to a background check; and c). the services provided by the staff of New Hope Center for Grief Support are strictly support services and not professional therapy. I agree to hold harmless New Hope Center for Grief Support, their employees, volunteers, officers, directors, and hosting program partners from any claim or action I may have arising from my participation as a volunteer or involvement in any capacity.

Signature _____ Date _____